



**WORKERS'
COMPENSATION
BOARD OF NOVA SCOTIA**

Return-To-Work Programs

A Workplace Development Manual



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Disclaimer

The information contained in this publication is intended for general use and may not apply to every circumstance. It is not a definitive guide to government regulations and does not release readers or Return-To-Work Partners from their responsibilities under applicable legislation.

In this document, the Workers' Compensation Board of Nova Scotia, to the best of its ability, provides recommendations in accordance with the state of law in Nova Scotia as of the date of this manual. The Workers' Compensation Board of Nova Scotia recognizes that the state of law of Nova Scotia could change from time to time. Therefore, we do not assume liability for the information presented here or its application.

January, 1999

Purpose of the Manual

The ultimate objective of return to work (RTW) programming is to help injured workers return to meaningful, safe and suitable employment as soon as it is appropriate to do so. This objective is achieved in part by following an individualized Return-To-Work Plan designed specifically for each injured worker. This manual will assist the workplace to develop such plans and, ultimately, its Return-To-Work Program. It will also provide direction on how to assess workplace injuries, injury related restrictions, and job descriptions of workers.

The Workers' Compensation Board recognizes that there are several partners involved in the return to work process. To assist the workplace in developing Return-To-Work Programs, the Workers' Compensation Board, as a "Partner in Action", has created this "how to" guide to setting up customized programs. This manual is intended to provide a basic framework for the development and implementation of Return-To-Work Programs.

If your workplace already has a Return-To-Work Program in place - congratulations! It is hoped that the information contained in this manual will assist in your regular review and revision process, ensuring that you maintain an effective program. While this manual emphasizes returning people to work following workplace injuries, the concept and principles of return to work programming may also be applied to short and long-term disability and illness management.

Through your program's development you may discover that only a portion of the Return-To-Work Program framework, as recommended in this manual, is relevant and useful to your workplace. Please utilize all pertinent information that meets your work site needs and create a customized program that will return injured workers to safe and meaningful employment.

Workplace Safety

The workplace has a genuine concern for the safety and well-being of workers. Employers know and appreciate the value of each worker's knowledge and experience to their business, as well as the important role that each worker plays in his/her family and society.

Workplace injuries are undesirable events that result in pain and suffering to the injured worker, as well as financial losses to both the worker and the employer. Fortunately, workplace safety can be improved by having an effective internal safety program in place for the prevention of accidents.

Effective safety programs have a number of features:

- Documentation and display of the workplace safety policy. Such documentation will clearly state the commitment to worker safety and well-being. This will also be useful when identifying the Return-To-Work Program's goals and objectives.
- The incorporation of safety into the training and orientation of all managers, supervisors and workers. Training all workers not only in how to do their jobs properly but also in how to do them safely.
- Regular safety meetings for workers, at all levels of the company/organization, to provide for active participation and to encourage a sincere interest in safety and health.
- The establishment of a Joint Occupational Health and Safety Committee or selection of a Joint Occupational Health Safety Representative to provide input on safety concerns identified by workers and to create solutions for many of these concerns. Information on Occupational Health and Safety, duties and precautions, and Joint Occupational Health Safety Committee establishment may be obtained from the Occupational Health Safety Division of the Nova Scotia Department of Labour.
- Timely and accurate reporting of all accidents and near misses. A workplace accident can be defined as an event(s) or circumstance(s) causing or leading to an injury, arising out of and in the course of employment.
- The investigation of all accidents and near misses in the workplace. For every accident, research shows that there are ten near misses. By conducting thorough investigations, you can often find preventative actions that will help you avoid recurrences.
- Regular hazard identification and safety audits or inspections. Workplace inspections assist in identifying hazards so they can be eliminated and, therefore, prevent injuries. Follow up on these inspections to make sure that corrective actions have been completed.

Partnership in Action

When a workplace injury does occur, in spite of all preventative efforts, the focus must first be on providing immediate and appropriate first aid and then on returning the injured worker to the workplace. To do this successfully requires a Partnership in Action. This partnership will include the worker, employer, health care provider(s)¹, union (if applicable), Joint Occupational Health Safety Committee and the Workers' Compensation Board (WCB), all of whom must work together cooperatively to minimize the impact of workplace injuries. Together, these partners will form the Return-To-Work Committee. It is important to always keep in mind that early return to work promotes a speedy recovery process thereby lessening the overall impact of workplace injuries.

A majority of workplaces recognize that Return-To-Work Programs are integral to the well-being of business and the individuals employed in those businesses. Designing and implementing successful Return-To-Work Programs, however, does not happen automatically or easily.

A Case Worker (Adjudicator, Vocational Rehabilitation Counsellor or Case Manager) at the Workers' Compensation Board will, upon request, provide advice throughout your program's establishment, development and maintenance, and during future enhancements.

1 A physician, physiotherapist, occupational therapist, occupational health nurse, etc. who provides health care treatment and opinions regarding the capabilities and limitations of the injured worker.

Introduction

What is Return-To-Work?

Return-To-Work is a proactive approach to helping injured workers return to safe and productive work activities as soon as it is physically possible. It is a partnership involving employers, workers, health care providers, unions, Joint Occupational Health Safety Committees and the Workers' Compensation Board, and is designed to minimize the impact of workplace injuries.

The primary goal of a Return-To-Work Program is to return injured workers to their pre-accident jobs. However, this is not the only goal. A Return-To-Work Program must also strive to restore all injured workers to the economic, social and vocational status that they had prior to the injury.

Generally, Return-To-Work Plans, within an overall workplace Return-To-Work Program, are individually designed for each injured worker as a short-term accommodation, working towards a common, primary goal - a successful return to work. Return-To-Work Plans have time frames and schedules that are transitional and depend on the type of injury, physical abilities and limitations, skills, and pre-accident employment duties of the injured worker.

Why Establish a Return-To-Work Program?

Injuries are costly to all members of today's workplace partnership - employers, workers, health care providers, Occupational Health Safety representatives, unions and the Workers' Compensation Board. While accident prevention is the best way to reduce overall injury costs, an effective workplace Return-To-Work Program is the best way to manage costs after an injury has occurred.

Integral to return to work programming is early assistance in helping workers return to work as soon as it is physically possible. Research and practical experience has shown that for workers who are absent from the workplace:

- there is only a 50% chance that they will return to work after a six-month absence;
- this declines to a 25% chance following a one-year absence, and
- this is further reduced to a 1% chance after a two-year absence.

Early assistance allows the injured worker to maintain a positive connection to the workplace. Return-To-Work Programs can alleviate many of the concerns, fears and frustrations experienced by the worker following a workplace injury. Return-To-Work Program development is consistent with the Workers' Compensation Board's case management philosophy and will enable all stakeholders to work together in an integrated and enhanced fashion.

Furthermore, a Return-To-Work Program improves communication and clarifies the roles of each of the participants in the workplace partnership. It enables each partner, including non-injured and injured workers alike, to understand and have access to a process for the resolution of any difficulties that may be encountered at the work site during the period of transition.

With a formal workplace Return-To-Work Program in place, the workplace can begin to develop individualized Return-To-Work Plans for injured workers immediately after each accident occurs. This is often regarded by all involved parties much more favourably than reacting, in an inconsistent manner, to workplace accidents.

What are the Legal Requirements of Return-To-Work?

There are a number of legal requirements that must be taken into consideration when endeavouring to accommodate injured workers. These legalities place responsibilities on both the employer and the worker. If these responsibilities are not met, the employer and/or worker could be in violation of one or more of their legal duties, and legal action could be taken.

Human Rights Act

The *Nova Scotia Human Rights Act* prohibits discrimination against persons with disabilities in all aspects of employment (1989 as amended 1991, c.12).

Prohibition of Discrimination

Section 5 (1) , in part, states:

“ No person in respect of (d) employment shall discriminate against an individual or class of individuals on account of (o) *physical disability or mental disability.*”

All workers with a disability or perceived disability have protection under the *Human Rights Act*.

If a worker cannot return to his/her pre-accident duties but can return to perform alternative duties then the employer is expected, under application of the Canadian Human Rights Act, to accommodate the worker. The worker must be given a reasonable chance to demonstrate whether he/she is capable of performing in another capacity. ² The Canadian Human Rights Act applies to all federal government agencies, crown corporations and all federally regulated private sectors employers such as airlines, telecommunication companies, post offices, railways, mining companies and inter-provincial transportation agencies.

Furthermore, Part I, Section 5 (1) and Section 6 (e) of the Nova Scotia Human Rights Act holds that no person in respect to employment shall discriminate against an individual or class of individuals on account of physical or mental disability, except where the nature and extent of the physical or mental disability reasonably precludes performance of a particular employment or activity (1989, R.S., c. 214, s. 1).

Workers' Compensation Act, 1996

The new Workers' Compensation Act, which came into effect on February 1, 1996, specifically addresses the accommodation of injured workers through its re-employment provisions. ³ Sections 89 - 101 of the Workers' Compensation Act set out the re-employment provisions requiring certain employers to re-employ injured workers when they are ready to return to the workplace. Re-employment is intended to return the worker to a place in the labour market resembling, as closely as possible, the position they held at the time of their injury.

Employer Responsibilities:

Employers who have 20 or more workers, except those in the construction industry, are required to re-employ workers who suffer work-related injuries. To be eligible for re-employment, workers must have been injured on or after February 1, 1996, been employed for at least 12 continuous months before the injury, and have been unable to work because of the work-related injury.

The obligation to re-employ a worker applies to workers injured on or after February 1, 1996 and extends for two years from the date the worker loses time from work as a result of the injury or until the worker reaches age 65, whichever occurs first.

Offers of re-employment are linked to the worker's ability to return to work. Workers who are able to return to perform the essential duties of their pre-accident work or other suitable work, are eligible for re-employment. Once the Workers' Compensation Board determines, based on all available health care evidence, that the worker can return to work, there are two main paths that re-employment can follow. The first is when the worker is able to perform the essential duties of their pre-accident work and the second is when the worker is able to work but cannot perform the essential duties of their pre-accident work.

² Stewart McKelvey Stirling Scales "Innocent Absenteeism and the Duty to Accommodate the Disabled Employee" September 27, 1995, p 17.

³ Workers' Compensation Act, SNS 1994-95, C10, ss. 89-101

If a worker can perform the essential duties of their pre-accident work, the employer is obligated to return the worker to:

- the pre-injury job, if available; or,
- alternate (or comparable) work if the pre-injury job is not available; or,
- other suitable work if alternate is not available.

This means that the employer must find work within the organization/company that the worker can do. If the worker returns to work other than the pre-injury work, the employer must offer more comparable work as it becomes available.

If a worker cannot perform the essential duties of his/her pre-accident work, but can safely do other work, then the employer is obligated to offer any suitable work that becomes available. As the worker's abilities increase, the employer is required to offer work more comparable to the worker's abilities as it becomes available.

In addition to a general requirement of accommodation under the *Human Rights Act*, the *Workers' Compensation Act* requires accommodation by the employer, up to the point of undue hardship, to the non-essential duties of the worker. In other words, if the worker can return to work yet requires assistance with the non-essential duties or with access to the workplace, the employer has an obligation to accommodate the work or the work site.

The Nova Scotia *Workers' Compensation Act*, pursuant to the re-employment obligations, considers that accommodation will cause a detrimental impact on productivity, daily operation or profitability of the business. The onus is on the employer to show adequate evidence of the detrimental impact of the accommodation being asserted. Where the WCB believes that accommodation will cause undue hardship, they may assist the employer in overcoming the hardship and/or assist the worker directly, by providing Vocational Rehabilitation Services to those eligible. In practice, the WCB considers each case according to policy guidelines and on its own merits.

The *Workers' Compensation Act* also gives the Workers' Compensation Board the responsibility to determine the following:

- if the worker can return to perform either the pre-accident or other suitable work;
- whether or not the employer has accommodated a worker;
- if the employer has terminated a worker for reasons related to their injury;
- if re-employment was beyond the control of the employer; and/or
- if the employer has provided reasonable justification for a failure to re-employ the worker.

To determine how the re-employment provisions apply specifically to your organization/company, please contact a Case Worker (Adjudicator, Vocational Rehabilitation Counsellor, Case Manager) at the Workers' Compensation Board of Nova Scotia, toll free in Halifax at **1-800-870-3331** or in Sydney at **1-800-880-0003**.

Worker Responsibilities:

An injured worker is likewise expected to cooperate fully in return to work measures. Section 84 of the *Workers' Compensation Act* states:

“(1) Every worker shall take all reasonable steps to reduce or eliminate any permanent impairment and loss of earnings resulting from an injury.”

Furthermore, Section 113 of the *Workers' Compensation Act* states:

“(1) Every worker shall, where rehabilitation is offered by the Board, co-operate with the Board in the development and implementation of a rehabilitation program.

(2) The Board may suspend, reduce or terminate any compensation made to a worker pursuant to this Part where the worker fails to co-operate in the development or implementation of a rehabilitation program.”

Each individual circumstance will be assessed on its own merits. However, the onus is on the worker to fully cooperate and work with the WCB and the employer in implementing the Return-To-Work Plan.

Principles of Return-To-Work

There are several basic principles to follow in the development of an overall workplace Return-To-Work Program and individual Return-To-Work Plans for injured workers:

Joint Responsibility and Development

Both workers and employers are responsible for the prevention of accidents and the rehabilitation of injured workers, as well as the development of the workplace Return-To-Work Program and individual Return-To-Work Plans. The employer, worker, union representative (if applicable), health care providers, and Workers' Compensation Board should jointly develop and agree upon each injured worker's customized plan.

Involvement of the Injured Worker

Injured worker involvement in the development of their own Return-To-Work Plan is essential. It provides a sense of ownership of the program and a degree of commitment to return to work in a timely and reasonable manner. Injured workers should be encouraged to take responsibility for their own rehabilitation and to view their entire Return-To-Work Team as resources who will help them in their rehabilitation process.

Communication

For the Return-To-Work Program to be successful, there must be ongoing communication and consultation amongst all team members. Only then can each person support and participate in both the planning and the implementation.

A representative of Dexter's-Audi-Suburu, an automobile dealership, feels that communication is key. He indicated that **“a positive attitude toward treatment of injury, and good communication with workers are the key elements to a safe and productive work environment. Injury is very costly for both workers and employers. Being proactive can eliminate downtime from minor injuries, and can stop minor injuries from becoming serious, long-term problems. Encouraging workers to report injuries and helping them find effective treatment quickly will reduce claims, maintain productivity, and keep workers at work.”**

Rehabilitative Focus

The Return-To-Work Program should have a rehabilitative focus. Each individual Return-To-Work Plan should be developed as part of an overall rehabilitation (physical and vocational) program for the injured worker. The Workers' Compensation Board has Vocational Rehabilitation Counsellors on staff to provide expertise and advice in this area.

Work Similar to Pre-Injury

The primary goal of return to work planning is to return the injured worker to the pre-injury job. When this is not possible, the Return-To-Work Plan should include duties as similar to the pre-injury job as possible. All return to work accommodations will depend on the nature of the injury, the worker's functional abilities and skills, and the availability of work.

Meaningful, Productive and Valuable Work

The tasks and duties described in an individual's Return-To-Work Plan must be meaningful and productive, and have value to both the employer and worker. When this value is not readily apparent to either the injured worker or his/her co-workers, it should be clearly identified and explained. This explanation will provide a context for the worker's activities.

Functional Abilities

In return to work planning, the focus should be on what the worker can do, not what they cannot do. The health care provider can identify the limitations caused by the injury and the abilities that exist. Return-To-Work Plans should remain within these abilities so as to avoid re-injury. Workers must be able to perform the duties safely, without risk of further injury to themselves or others.

Skills and Aptitudes

The injured worker must have the skills and aptitudes to perform the tasks and duties included in the individual Return-To-Work Plan. The Workers' Compensation Board can assist workers returning to the pre-accident employer and with short-term acquisition of skills, if necessary.

Progressive Return

Each individual Return-To-Work Plan should be time-limited and transitional with stated short and long-term goals. It should include a schedule of activities that will allow the injured worker to gradually return to regular duties and tasks.

Commitment

When developing each individual Return-To-Work Plan all relevant partners should review and sign the document. This will ensure that the goals and activities are clearly understood and agreed upon by all.



Workplace Program Development

Preliminary Steps

Involve and Communicate with the Workforce

Worker involvement is critical for the success of any Return-To-Work Program. The experience and knowledge of people from all areas and all levels of the workplace will provide invaluable information for the development of the program.

The Moirs Plant of Hershey Canada Inc. established a Return-To-Work Program in 1993 based on a philosophy of assisting injured workers to return to the workforce as rapidly as possible following an injury or illness. A representative of the Dartmouth Moirs Plant location offers the following comments on behalf of Hershey's Canada Inc. **“The rewards are many. Injured workers are able to feel comfortable returning to duties following an injury or illness, the worker becomes part of the rehabilitation team, and has active input into the goals and progress they make in the program.”** The Human Resources representative adds that **“Companies often say ‘Our workers are our best asset!’ Committing to a workplace rehabilitation program is a big step in proving that. Your people need to know you care.”**

As a first step in developing a Return-To-Work Program, a preliminary meeting should be arranged between the employer and union/worker representatives. This will allow mutual commitment to be gained from the onset. During this initial meeting, discussions should be held around topics such as why develop a Return-To-Work Program and how to involve staff in this process.

Following the initial employer/union/worker representative meeting, it will be necessary to inform the entire workforce about the Return-To-Work Program. This can be done best through department and staff meetings, with follow-up details and updates communicated in newsletters, memos, electronic mailings, etc. Some workplaces have also found it useful to designate a centrally located bulletin board to display Return-To-Work Program updates.

During workplace program development, there are some consistent messages that need to be shared with all levels of the company/organization - workers, supervisors, managers, union executives and directors. These messages include:

- Human and Financial Impact of Workplace Accidents;
- Responsibilities of the Return-To-Work Partners;
- Benefits of Return-To-Work Programs.

Human and Financial Impact of Workplace Accidents

There are many costs associated with workplace accidents for both the employer and worker. Some costs are direct (those that are easily identified with specific activities) and others are indirect (those that are not identified with specific activities). The following list provides some examples of each:

Direct costs include:

- Health care expenses;
- Assessment rates;
- Accident site clean up;
- Decreased net income for injured workers;
- Damage to materials, building, tools and equipment;
- Fines;
- Workers' Compensation benefits.

Most of the expense of workplace accidents consists of indirect or hidden costs. They include:

- Injured workers' lost productivity;
- Lost productivity of co-workers attending to the injured worker or undertaking his/her workload temporarily;
- Hiring and training of replacement workers;
- Replacement of first aid supplies;
- Replacement of equipment and tools;
- Transportation of damaged equipment for repair;
- Investigation of the accident;
- Possible legal expenses;
- Decreased productivity of co-workers due to low morale;

- Paper work;
- Overtime to make up for lost productivity;
- Lost productivity as injured workers attend health care appointments.

The above costs are ones to which a dollar value can be assigned. But what about the intangible costs to the worker? What dollar value can be assigned to these?

- Pain;
- Suffering;
- Reduced health;
- Altered social life;
- Changed family life;
- Reduced quality of life;
- Loss of security;
- Decreased self-esteem;
- Loss of productivity and ability to earn an income;
- Increased stress.

The best way to reduce and perhaps eliminate all these costs is to prevent the accident from happening in the first place. The establishment of a Safety Program at the workplace can help achieve this. However, when an injury does occur, costs can be minimized by having a Return-To-Work Program in place that will assist in restoring the injured worker to a healthy and full lifestyle, both on and off the job.

Responsibilities of the Return-To-Work Partners

As previously indicated, the Return-To-Work Partnership includes many individuals representing a diverse workplace population. The team should have representation from each of the following groups:

- Employer(s);
- Worker(s);
- Health Care Provider(s);
- Union(s) (if there are unions at the work site);
- Case Worker(s) of the Workers' Compensation Board; and
- Joint Occupational Health Safety Committee or Representative.

Some of these groups will have responsibilities in preventing injury and in return to work planning, but each group must commit to assist with return to work programming. The following lists set out some of the specific responsibilities of each group in the Return-To-Work Partnership.

Responsibilities of Employers and Supervisors to:

Workplace Return-To-Work Program:

- Assisting in the development and support of an early return to work policy;
- Providing safe working conditions and enforcing safety rules to prevent accidents from occurring;
- Assisting in the development of the overall workplace Return-To-Work Program;
- Ensuring early reporting of accidents;
- Providing first aid assistance to any injured worker;
- Reviewing accident investigation reports and addressing any work-related issues;
- Negotiating with the union those provisions in the collective agreement that facilitate the return to work of injured workers/members;
- Supporting the education, promotion and communication of the Return-To-Work Program.

Individual Return-To-Work Plans:

- Assisting in developing Return-To-Work Plans for individual injured workers with input from the worker, health care provider(s), union/worker representative (if applicable) and the WCB;
- Providing an accurate and concise Job Task Analysis (**See Appendices A and B**) to a worker's health care provider at the earliest opportunity (This will allow for the identification of suitable tasks that the worker may still be capable of performing. It will also allow the health care provider to determine any limits that the injured worker may have as a result of the injury.);
- Advising the health care provider, injured worker, WCB and union/worker representative about return to work opportunities;
- Providing detailed job descriptions and making temporary and permanent accommodations available to an injured worker;
- Developing appropriate methods to monitor and supervise the injured worker's progress;
- Maintaining regular contact with injured workers, health care provider(s), union/worker representatives (if applicable), the Joint Occupational Health Safety Committee and the WCB during the transitional period identified in the Return-To-Work Plan;
- Following-up once an injured worker has resumed regular duties, ensuring that there are no continuing problems;
- Communicating any concerns, as soon as possible, to the Return-To-Work Team so that problems can be resolved immediately.

Responsibilities of Workers to:

Workplace Return-To-Work Program:

- Assisting in the development of the overall workplace Return-To-Work Program;
- Working safely to avoid injuring themselves or their co-workers;
- Reporting accidents and near misses immediately;
- Obtaining immediate medical treatment for injuries;
- Taking personal responsibility for maintaining optimal health and a positive attitude (wellness principles).

Individual Return-To-Work Plans:

- Following prescribed health care treatment;
- Attending all medical and rehabilitation appointments;
- Working toward returning to productive employment;
- Assisting in the development of the individual Return-To-Work Plan;
- Advising their supervisor and their workplace's Disability Management Coordinator (or staff person designated to manage claims) immediately of any changes in circumstances during the return to work process;
- Maintaining regular contact with their workplace's Disability Management Coordinator with respect to their recovery process, their special needs and the transitional Return-To-Work Plan.

Responsibilities of Health Care Providers to:

Workplace Return-To-Work Program:

- Assisting in the development of the overall workplace Return-To-Work Program;
- Promoting the concept of early return to work as a mechanism to enhance recovery.

Individual Return-To-Work Plans:

- Identifying the nature of the injury, providing the diagnosis, and making a realistic prognosis for recovery and return to work;
- Providing appropriate, effective treatment that facilitates recovery from the injury as soon as physically possible;
- Assisting in the development of the Return-To-Work Plan by advising the Return-To-Work Team of the worker's abilities and limitations;
- Identifying and communicating any factors which may affect the injured worker's recovery, i.e. other relevant health related information, while observing confidentiality;
- Focusing on the injured worker's recovery, and advising the Return-To-Work Team when return to work is physically appropriate;

- Reviewing the Job Task Analysis and identifying those tasks that the worker is able to resume immediately, thereby contributing to the Return-To-Work Plan;
- Completing the Work Readiness Form (**Appendix C**) and forwarding it to the workplace's Disability Management Coordinator;
- Suggesting ways in which tasks can be modified to place less strain on existing injuries.

Responsibilities of Union and/or Union/Worker Representatives to:

Workplace Return-To-Work Program:

- Participating in the planning and development of the workplace Return-To-Work Program;
- Assisting in educating workers on the value of return to work planning thus promoting positive attitudes, cooperation and support;
- Negotiating with the employer those provisions in the collective agreement that facilitate the return to work of injured workers/members.

Individual Return-To-Work Plans:

- Participating in the development of each individual Return-To-Work Plan, ensuring that it is sensitive to the needs of the specific injured worker;
- Assisting in monitoring the individual Return-To-Work Plan;
- Representing the worker in matters of job security and re-employment;
- Acting as an advocate and support person for the worker;
- Being a communication link who assists in maintaining the employer/worker relationship.

Responsibilities of Workers' Compensation Board Representatives to:

Workplace Return-To-Work Program:

- Assisting in the development of the overall workplace Return-To-Work Program;
- Advising the employer of his/her responsibilities to re-employ;
- Ensuring ongoing liaison with all partners.

Individual Return-To-Work Plans:

- Providing timely and effective case management services to each injured worker, ensuring that all return to work concerns are addressed;
- Assisting in the development of individual Return-To-Work Plans in consultation with the injured worker, health care provider(s), employer and union/worker representative;
- Obtaining and monitoring all relevant, objective health care information from the health care provider(s) for each individual claim;
- Ensuring the injured worker is treated in a fair and reasonable manner;
- Advising injured workers of their duties and responsibilities with respect to the WCB claim;
- Providing financial support when appropriate. This may include Temporary Earnings Replacement Benefits, medical aid, and assistance to the employer while providing training on the job and/or workplace modifications that permit the injured worker to perform the required tasks;
- Monitoring the injured worker's recovery and identifying whether further health care intervention may be necessary;
- Arranging health and functional assessments when required;
- Providing Vocational Rehabilitation services when required;
- Monitoring the progress of the individual Return-To-Work Plan and providing support and encouragement to the injured worker;
- Attending regular meetings and performing on-site visits with members of the Return-To-Work Team.

Responsibilities of the Joint Occupational Health Safety Committee to:

Workplace Return-To-Work Program:

- Assisting in the planning and development of the overall workplace Return-To-Work Program;
- Ensuring safe working conditions and recommending safety rules to prevent accidents from occurring;
- Conducting and documenting accident investigation;
- Ensuring recommendations stemming from accident investigations are acted upon;
- Communicating with all Return-To-Work Partners.

Individual Return-To-Work Plans:

- Supporting the development and implementation of Return-To-Work Plans;
- Ensuring that workplace changes required to implement job accommodations are made.

Benefits of a Workplace Return-To-Work Program

Effective return to work programming is genuinely a “win-win” situation: all members of the Return-To-Work Team will experience benefits from the program. A representative of Halifax Offshore Terminal Services Limited, stated that **“the Workers’ Compensation Board Return-To-Work Program has proven to be advantageous to employers and workers, having enabled workers to return to productive positions in the workplace and recover from accidents that would otherwise be costly.”**

The following list outlines some of the advantages of a Return-To-Work Program for each partner:

Benefits to the Employer:

- Reduced staff turn-over and training costs by retaining experienced and knowledgeable workers;
- Improved productivity (When a worker sees the tangible evidence that their employer is concerned about the well-being of its staff, morale improves. Improved morale means greater productivity with skilled workers maintained on the job.);

- Reduced time loss because the employer is able to participate in making appropriate plans to facilitate the injured worker's return to work;
- Reduced amounts paid out in Workers' Compensation benefits because the worker is able to return to employment much earlier;
- Reduced time loss because workers know that their employer will make whatever reasonable accommodation may be required to facilitate their return to work;
- Minimized accident costs such as worker benefits, the hiring and training of replacement workers and the cost of inexperienced workers;
- Improved accident experience (This may be important for companies/organizations that bid on contracts.);
- Decreased long-term Workers' Compensation experience rating costs;
- Increased return to work rate;
- Improved morale and worker relations by offering Return-To-Work Plans for both work-related and non-work-related injury or illness;
- Assurance that time loss is not due to a lack of opportunity for the injured worker to work;
- Demonstration of concern for the best interests of workers and indication that workers are viewed as valuable members of the company/organization;
- Meaningful alternate duties are performed that might not otherwise have been done due to different priorities;
- Participation and contribution to the rehabilitation process.

Benefits to the Injured Worker:

- Maintained employment relationship that provides job security, self worth, and financial independence;
- Maintained financial benefits, including pension, medical and dental plans, insurance coverage and vacation credits;
- Maintained contact with co-workers and friends;
- Focused interest on the workplace and not the disability;
- Reassurance that they are valuable workers;

- Maintained dignity and self-worth by remaining productive;
- Alleviated feelings of dependency and lack of control, by participating in the development of their own Return-To-Work Plan;
- Maintained job skills;
- Minimized loss of physical fitness and muscle tone due to inactivity;
- Removal, or at least reduction, of uncertainty about the future since Return-To-Work Plans provide action plans with goals, time frames and processes that will assist in returning the injured worker to full employment;
- Earlier resumption of 'normal' life supporting family members, financially and emotionally, and participating in leisure and social activities.
- Provision of suitable physical rehabilitation program, when appropriate, where muscles and joints are used and exercised according to the demands of the job in an effort to enhance rehabilitation.

Benefits to the Health Care Provider:

- Focused and coordinated treatment for the injured worker through the Return-To-Work Plan;
- Treatment of the whole person rather than just the injury;
- More efficient use of health care resources that are directed toward a specific goal: the return to work of an injured worker, by using the partnership approach;
- Having treatment strategies agreed upon in advance, so that service is not fragmented or duplicated.

Benefits to the Union:

- Preserved jobs, seniority, benefits, etc. for injured workers/members;
- Increased awareness that the union is there to protect workers' interests and well-being;
- Promotion of cooperative labour-management relations.

Benefits to the Workers' Compensation Board:

- Improved communication with employers thus facilitating improved case management;
- Reduced claims costs;
- Reduced long-term financial liability;
- Increased client satisfaction;
- Increased WCB staff morale;
- Assurance that injured workers return to work in a safe and timely manner.

Benefits to the Joint Occupational Health Safety Committee:

- Assurance of the health and safety of workers near or at the workplace;
- Provision of applicable statistical information related to work site accidents;
- Identification and improvement of the condition of any devices, equipment, machine or material item that may be dangerous to the worker's health or safety;
- Reinforcement of the importance of accident reporting and safety practices at the work site.

Once all members of the workplace understand the concept of return to work, what it involves and why it is being implemented, a Joint Return-To-Work Committee can be established.

Organize a Joint Return-To-Work Committee

Creating a Joint Return-To-Work Committee ensures that all aspects of the workplace are considered and makes use of the knowledge and experience of all levels of workers. It provides an opportunity to take advantage of the widest range of ideas for the development of a Return-To-Work Program. Each workplace will develop the type of committee that suits its needs, but it is critical that the committee members reflect the concerns and interests of both labour and management.

Who Should Be On the Joint Committee?

All members of the committee should have a general understanding of the difficulties experienced by injured workers in returning to work. They should also be aware of the costs associated with workplace injuries for the employer, the worker and society as a whole. They must be knowledgeable about the ways in which Return-To-Work Programs can minimize the impact of injuries.

The committee should provide an opportunity for management, union/worker representatives and all other Return-To-Work Partners to participate, ensuring that decisions and procedures are seen as mutually beneficial. Members of the committee should also have the respect of workers and management and be perceived as an unbiased group who are open to varying viewpoints and opinions.

The committee should include individuals who understand broad administrative and managerial issues, as well as individuals who have specific expertise in areas such as occupational health and safety, human resources, worker benefits, etc. Members should be familiar with applicable union agreements and with a variety of workplace job functions.

Management members might include managers from individual departments within the company/organization, Human Resources personnel, and/or those with the ability to authorize budget expenditures for procedures such as job modifications.

Worker members should be from various work areas, representing different occupations within the company. They may also include members of the Joint Occupational Health and Safety Committee. Regardless of who becomes a committee member, the general worker population should have the ability to participate in the selection of its representatives. After all, it will be these people who are accountable to and representative of the worker population thereafter.

In unionized workplaces, the union should be asked to nominate members to the committee. Both union and management will have the added responsibility of ensuring that the program observes the collective agreement and that the collective agreement meets the various legal requirements. The union will also be held accountable by its membership.

The Joint Return-To-Work Committee should also be linked to any other committee in the workplace that deals with occupational health and safety, ergonomics, long-term disability, worker assistance, affirmative action/employment equity and workers' compensation. This connection can be accomplished through joint meetings or simply through the exchange of meeting minutes.

Regardless of the final size of the committee, strive to maintain a balanced representation of the Return-To-Work Partners. Each committee member should be committed to the objectives of the Return-To-Work Program and the suitable and efficient return to work of injured workers.

Committee Responsibilities:

As previously outlined, a Joint Return-To-Work Committee is essential to the development and acceptance of the Return-To-Work Program. This committee should utilize all existing resources so as to ensure that duplication of activities and costs are avoided. Remember that your Joint Occupational Health Safety Committee may already have gathered, and are willing to share, some very valuable information. The Joint Return-To-Work Committee has a number of responsibilities:

- Developing a return to work policy statement and formal understanding;
- Developing the rules and procedures to be followed when a workplace injury occurs;
- Reviewing work site accident history;
- Conducting Job Task Analysis;
- Developing suitable alternate work assignments;
- Communicating and promoting the program to the workplace;
- Creating an information package for injured workers;
- Organizing the Return-To-Work Team who will assist with individual return to work planning;
- Providing guidance and support to the Disability Management Coordinator;
- Meeting regularly and ensuring that minutes are kept of all meetings;

- Developing a dispute resolution process;
- Exploring ways to improve the Return-To-Work Program.

The committee **may** also be involved in the development of individual Return-To-Work Plans for injured workers. The committee must ensure that a Return-To-Work Program for a unionized workforce is designed and administered within the collective agreement. It must provide a process for identifying and resolving potential labour relations problems.

The committee must also ensure that the program is developed through consensus and operates with the full participation and support of management and staff and provides an ongoing avenue for worker input.

Select a Disability Management Coordinator

The Disability Management Coordinator should be the driving force behind the day-to-day activities of the Return-To-Work Program. From the first contact with an injured worker, to meeting with the WCB, health care personnel, co-workers, family members, etc., the Disability Management Coordinator facilitates a timely and safe return to work process.

The Disability Management Coordinator should be objective and have the respect of co-workers, union officials and management. This individual should have a comprehensive knowledge of the diversity of jobs in the workplace and their physical demands. The person must also have excellent interpersonal and communication skills and have the ability to cope with conflict and work effectively in a collaborative environment.

The determination of a Disability Management Coordinator need not involve the creation of a new position at the workplace. For many employers it may be more practical to appoint a senior line manager, human resources representative or some similar personnel to coordinate disability management activities. It is important to remember that the needs of each workplace will vary depending on its size.

Evaluate the Needs of the Workplace

One of the first steps that a Joint Return-To-Work Committee should take is to carry out a comprehensive analysis of the workplace. Before anyone can begin to decide the program's objectives and policies, they must first understand the specific needs of the workplace.

Although each workplace will develop its own unique approach to collecting information and defining actual needs, there are some basic steps to follow and some common questions to ask at the beginning. The following concepts should be considered and explored during the Return-To-Work Program development:

Determine the corporate/union/worker attitude towards Return-To-Work Programs:

- How do people feel about integrating workers with disabilities? Is there resistance to the concept?
- What kind of labour/management working relationship exists? Is the relationship cooperative or confrontational? How are concerns about safety, workplace conditions, job demands, etc. currently resolved?

Define the disability profile within the company/organization:

- What kinds of conditions, accidents, disabilities, illnesses are most common?
- Are there any probable links between job positions and injuries that warrant further investigation?

Identify the types of assistance that are presently available to injured workers:

- Does your organization have an Occupational Health and Safety Program? Does it already provide some assistance with respect to return to work?
- Is the union already actively assisting workers with return to work?
- How can the types of assistance currently available support or enable the return to work initiative?

- Do you know who makes up your Case Management Team at the Workers' Compensation Board?
- Is there an Employee Assistance Program or Wellness Program at the workplace?

Estimate the level of support required:

- How many workers are currently off the job and receiving Workers' Compensation benefits?
- What is the company's/organization's history in terms of lost-time accidents?
- What are the impacts of time loss injuries?

Identify the return to work assistance that is available to injured workers now and how it is working:

- How many workers have returned to work without assistance? After a month, after two months, after three months, etc.?
- Are there individuals within the company/organization already helping injured workers return to work? Is there a proactive supervisor, co-worker, manager, union representative who has developed some informal procedures already?
- Are there modified or transitional jobs available? Have any job accommodations been made in the past? What worked? What did not?
- Is there a job inventory or detailed job description of each position within your workplace? Do any job descriptions contain information about the functional demands?

Document and report findings to senior management.

These concepts and questions are only intended to stimulate discussion and help focus the research carried out by the Joint Return-To-Work Committee. The questions each workplace actually asks may be quite different but the process of questioning and collecting information will help in developing the Return-To-Work Program - a program that will suit the needs of the workplace environment and the real needs of workers. The end result will be a more practical, cost-efficient program.

Develop a Formal Understanding & Return-To-Work Policy Statement

It is the responsibility of both the employer and worker to prevent workplace accidents and to rehabilitate and reintegrate injured workers back into the workforce. A formal understanding and written agreement with input from all parties documents the commitment of management and labour to return injured workers to employment. This policy provides mutually agreed upon terms of reference and, in a unionized environment, ensures that the program operates within the scope of the collective agreement.

A program's success depends largely on the full commitment and support of the workplace's management, union/worker representatives and workers. A policy statement approved and/or signed by all partners will formalize the joint commitment to the Return-To-Work Program and demonstrate its serious intent. The policy statement will set the values and philosophy by which the program will operate. Remember, it should be broad enough so that frequent changes are not required.

Here are three examples of policy statements:

Example #1

In fulfilling this workplace's commitment to providing a safe and healthy working environment, a Return-To-Work Program has been established for workers who sustain workplace injuries.

(NAME of COMPANY/ORGANIZATION) undertakes to accommodate injured workers through early assistance, rehabilitation and placement, where possible, to the benefit of the entire workplace. This program provides gradual and consistent rehabilitation to all injured workers.

(NAME OF COMPANY/ORGANIZATION) will work toward facilitating injured workers to an appropriate and timely return to work in pre-injury positions. If this is not possible, the original department will make every effort to place workers in suitable, alternate positions. In the event that alternate positions are not available within the original department, every reasonable attempt will be made to find appropriate positions in other departments. All attempts to place the worker in another area must be done, in an appropriate manner, in cooperation with managers, health care providers, Workers' Compensation Board representatives, union representatives and the worker.

Any personal information received from or about the 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 any information that may be released and to whom it can be released.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

Example # 2

(NAME OF COMPANY/ORGANIZATION) shall make every reasonable effort to provide suitable transitional or alternate employment to workers who are temporarily or permanently unable to return to their regular employment duties, as a result of an occupational injury. This will include training and/or the modification of work stations or equipment to accommodate workers with disabilities, provided that such modifications do not create undue hardship to **(NAME OF COMPANY/ORGANIZATION)**.

It is believed that the injured worker must be responsible for participating in the program to the best of his/her abilities and capacities. Early assistance is considered the cornerstone of disability management.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

Example #3

- **(NAME OF COMPANY/ORGANIZATION)** will make every reasonable effort to provide suitable, transitional employment to every worker who is unable to perform his/her duties following a workplace injury. This may include modifying the worker’s original position or providing an alternate position, depending on the worker’s physical abilities.
- Only work that is considered to be meaningful and productive shall be considered for use in the Return-To-Work Program.
- Injured workers participating in Return-To-Work Plans are expected to provide feedback in order to improve the program’s future development.
- All workers who are off work, regardless of injury, will be considered for placement through the Return-To-Work Program.

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

SIGNED: _____ DATE: _____

Develop the Scope of the Return-To-Work Program

To Whom Does the Return-To-Work Program Apply?

Return-To-Work Programs should be available to all injured workers. Each worker should be treated equally and objectively to minimize conflict and to encourage support in the workplace. Fair and consistent treatment of workers helps gain and maintain support for the program and maximizes its success.

Formulate Objectives for the Return-To-Work Program

Objectives should be identified so that the success of the program may be measured and evaluated. Some objectives may include:

- Returning the injured worker to full pre-injury employment;
- Returning the injured worker to alternate employment;
- Improving employment relations; and
- Reducing the number of workplace accidents.

Objectives may be added or modified based on the workplace's needs and goals.

Design and Implementation of the Return-To-Work Program

Review the Work Site Accident History

Before designing the Return-To-Work Program, the Joint Return-To-Work Committee should review the work site accident history. This information may be available from your Occupational Health and Safety Committee or Representative. However, if it is not, the Workers' Compensation Board will provide statistical data related to the workplace's claims history. Things worth considering include:

- The number of accidents for the past three to five years;
- The type of work performed by those who sustained workplace injuries;
- The kind of injuries (e.g. back strain, broken ankle, shoulder dislocation);
- The circumstances under which each injury occurred;
- Whether there are any trends in the number of reported accidents or in the type of work done by the injured workers;
- Demographics of workers (e.g. Are there any particularly high risk occupations?);
- Statistics on repeat accidents;
- Whether injuries occur more on certain shifts where shift work is performed;
- Costs.

The Joint Return-To-Work Committee uses this information to determine how many and what kind of physical restrictions and capabilities the program will most likely need to accommodate. Case Workers at the Workers' Compensation Board are available to provide support and consultation in this regard.

The information gained from work site accident analysis can be used to fine tune the Return-To-Work Program, to help identify accident prevention measures and to establish a baseline for tracking future improvements. In the end, this will mean a more efficient and appropriate Return-To-Work Program as well as better safety records.

Conduct a Job Task Analysis

Job Task Analysis is defined as the investigation and collection of information surrounding work tasks for the purpose of making a step-by-step comparison between the demands of the task and the capabilities of the worker.

Job Task Analysis may be conducted and/or coordinated through the Joint Return-To-Work Committee with input from the Joint Occupational Health and Safety Committee or Representative, an occupational health nurse or an occupational therapist. The emphasis of the analysis is on the physical demands required to perform each job task. Work environment issues must also be considered when performing Job Task Analysis.

To conduct a task analysis, the job must be broken down into separate units of work and each unit of work analysed for physical requirements. The analysis must include a description of each task, the tools, machines and equipment used, postures required, and the height and weight of objects lifted and/or moved. Also to be considered are endurance factors, such as strength required for lifting; how long one has to walk, stand, and sit; and the physical demands placed on shoulders, back, arms and legs. This level of analysis focuses attention on the majority of potential problem areas.

Benefits

Use of Job Task Analysis can identify possible areas for ergonomic and workplace modifications so that work environments can be adapted to fit the needs of the injured worker. Once the factors limiting an individual's return to work are identified through the Job Task Analysis, the work environment can be modified to eliminate or reduce the barriers preventing the worker from performing the duties of the job. A thorough Job Task Analysis will also help identify potential accidents thereby assisting in the prevention of future workplace injuries. The information gathered through Job Task Analysis may also be quite valuable to the Joint Occupational Health and Safety Committee or Representative. It may help this committee or individual improve work processes to prevent and identify causes of accidents and near misses.

Information Gathering

The following outlines two possible ways to gather the information needed for the Job Task Analysis. The first suggests that workers perform their own analysis of job tasks. Because workers are often most aware of how they are doing their jobs, this method of task analysis can prove to be quite cost effective and beneficial. Workers may also be able to suggest changes in procedure that will improve safety. In addition, this process may assist the injured worker, in consultation with the health care provider, to identify transitional or alternate work assignments.

A second alternative for completing the Job Task Analysis is to obtain the services of a professional in ergonomics and task analysis. These professionals are experienced in observing work environments, breaking job duties into components, identifying problem areas and offering solutions. Occupational Therapists, Ergonomists, Physiotherapists, Occupational Health Nurses and Kinesiologists are some of the professionals who have specialized training in this field.

During the analysis, job descriptions are reviewed and workers are observed performing their job duties. Frequently this process is followed-up with personal interviews with workers, supervisors and co-workers who are knowledgeable about the jobs within the workplace. This Job Task Analysis alternative can sometimes prove to be costly to the employer, however the long term benefits of completing this type of analysis may significantly outweigh the associated upfront costs.

Regardless of which method of Job Task Analysis is chosen, it will be imperative that workers are encouraged to assist in the process. Workers know their jobs best and are the best people to locate problem areas and offer ideas on how to improve methods, increase safety and identify potential transitional work assignments. It is also recommended that all information gathered through the Job Task Analysis be documented on a Job Task Analysis Form. See **Appendix A** for guidelines for completing the Job Task Analysis and **Appendix B** for a sample Job Task Analysis Form.

In the event that a Job Task Analysis cannot be completed on all positions of the workplace upfront, it is recommended that a review of the work site accident history be undertaken to determine the type and frequency of the most common workplace injuries and in what workplace positions they are most likely to occur. In using this information one can prioritize the Job Task Analysis and target the most likely transitional job functions required to be accommodated. Then, as time permits, a Job Task Analysis can be completed on the remaining positions in the workplace.

Job Task Analysis Checklist

When the Job Task Analysis is being performed, the analyst should ensure that a number of ergonomic issues are addressed. The following list is comprehensive, however, it may not be all-inclusive:

- What activities are involved?
- What physical functions are required?
 - How much lifting, bending, twisting, sitting, standing, walking is necessary?
- How frequently are these activities performed?
- What are the endurance factors?
 - Degree of strength required.
 - Duration of walking, sitting, standing.
 - Physical demands on shoulders, back, legs and arms.
- What is a typical daily schedule?
- What tools and equipment are required?
- What postures are involved?
- What skills are required?
- What are the heights and weights of objects to be moved and/or lifted?
- What are the environmental factors?
 - Access: entrance, parking, elevators, washroom facilities.
 - Environment: temperature, light, noise, floor surface, fumes, chemicals, personal protective equipment.
 - Social and Administrative: hours of work, break periods, interaction with peers and the public, independence of work.

When the Job Task Analyses have been completed, the Joint Return-To-Work Committee and Joint Occupational Health and Safety Committee will have two sets of data - the Job Task Analysis showing the physical demands of each job and the work site accident history indicating the most common types of injuries for each job.

A comparison of the two sets of data may help develop potential transitional duties and workplace accommodations. New positions may also be identified by combining tasks from different jobs and work site accommodations.

Remember, Case Workers of the Workers' Compensation Board are available to provide advice, support and guidance at any stage of the program's development, its maintenance and during enhancements in the future!



Develop Suitable Alternate Work Assignments

The Job Task Analysis provides the basic framework on which work assignments for injured workers are developed. The work activities in alternate work assignments are designed to accommodate limitations such as restricted lifting, standing, walking or sitting. The resulting work assignment can be a transitional version of the worker's original job, the same job with reduced hours or a combination of tasks from various positions. Alternate work can be full-time or part-time but it must have a specific time limit. It must end when the worker is physically able to return to his/her original pre-injury job. See **Appendix D** for various types of accommodations.

Alternate duties must be meaningful and productive. They cannot be eye must also be within the injured worker's skills and abilities. When developing alternate duties, consider those duties that need to be done but end up on the bottom of the pile because other duties are always more pressing.

The Return-To-Work Team will accommodate each injured worker with transitional work activities based on a number of factors:

- Pre-injury job duties;
- Physical abilities and limitations;
- Injured worker's skills.

Here are two examples of accommodations:

Example 1:

Occupation: Delivery Driver

Type of Injury: Right hand amputation

The employer identified several transitional duties for this worker to perform while permanent accommodations were made to the original job description and equipment that this worker required. The transitional duties included dispatching calls, completing paper work and loading deliverables onto vehicles. All duties were safe, meaningful and valuable to both the employer and worker and maintained this worker's pre-accident salary level. Following the completion of suitable accommodations to this worker's vehicle, the worker was able to resume the position of delivery driver with his pre-accident employer.

Example 2:

Occupation: Registered Nurse

Type of Injury: Lower back

Following thorough Job Task Analysis and evaluation of the injury, it was determined that this worker would be able to resume her pre-accident duties on a task graduated basis. The Return-To-Work Team established a plan that spanned a four week period and that gradually enabled her to perform all the tasks associated with nursing at the end of the four weeks.

Salary questions should be addressed, resolved and documented by the Joint Return-To-Work Committee in the design phase of the Return-To-Work Program and not left to be decided as each worker returns to work. In unionized settings this is an especially important aspect of the program because it must respect the terms of the collective agreement. In workplaces where a collective agreement does not exist, the level of pay during the Return-To-Work Plan needs to be addressed upfront. Decide whether the injured worker will be maintained on full salary even if the work performed in the individual Return-To-Work Plan is different or a transitional version of the pre-injury job. If the salary will be less than the worker's pre-injury salary, contact your WCB Case Worker to discuss this in relation to the worker's Temporary Earnings Replacement Benefit.

Create an Information Package

The information package provides information and instructions to the injured worker, thereby lessening his/her concerns about what happens after an injury occurs. Workers should be familiarized with the concept of return to work and the contents of the information package during their initial employment orientation.

It is recommended that the following documents be included in each individual return to work information package:

- A personal letter to the injured worker (see page 43) outlining the following:
 - The company's/organization's expectations of the injured worker (e.g. whom to contact after seeing the health care provider and how frequently the worker should call).
 - What the worker can expect from the company/organization.
 - Who the company's/organization's key contact people are.
- The WCB Form 8/10 (see **Appendix F**).
- The Job Task Analysis of the pre-injury job (see **Appendix B**).
- A letter to the injured worker's primary health care provider (see page 44) with an attached Work Readiness Form (**Appendix C**) stating:

EITHER (Where Worker Will Eventually Return-To-Work in Pre-Accident Position):

- The workplace's goal and willingness to work with the health care provider to assist the injured worker's return to a safe and productive work environment as soon as physically possible;
- What alternate and transitional work is available;
- The name and phone number of the workplace's contact person.
- A request for the completion and return of the Work Readiness Form (see **Appendix C**).

OR (Where Worker Will Return-To-Work in Alternate Position):

- The workplace's goal and willingness to work with the health care provider to assist in the return of the injured worker to a safe and productive work environment as soon as physically possible;
- The return to work options available in the workplace;
- The name and phone number of the workplace contact person;
- A form for the primary health care provider to complete indicating the type of work that the injured worker is able to return to and any physical restrictions that exist.

The precise contents of the letters to the injured worker and primary health care provider will depend on the design of your Workplace Return-To-Work Program.

The following are examples of such letters:

**Sample Letter to Injured Worker
(Eventual Return-To-Work in Pre-Accident Position)**

Dear **(INSERT NAME)**:

We are sorry to hear that you have suffered a workplace injury. **(COMPANY'S / ORGANIZATIONS NAME)** will do all that it can to assist you in returning to work as soon as you are physically capable of doing so. Your complete and speedy recovery is our primary concern.

If you are missing time from work you may be eligible for Workers' Compensation benefits. Case Workers at the Workers' Compensation Board are available to answer any questions you may have related to your benefit rate and/or the workers' compensation system.

We have provided you with an information package that contains a letter and a Work Readiness Form for your primary health care provider to complete. Your package also contains a Job Task Analysis of your pre-accident job. Please give these documents to your health care provider for his/her information and completion. Once completed, return the Work Readiness Form to us as it is important in planning your return to work.

We also ask that you contact either your supervisor or the undersigned at **(PHONE NUMBER)** as soon as possible after you have seen your health care provider, letting us know of your condition. At that time we will arrange a meeting time for our Return-To-Work Team to meet with you to develop your customized Return-To-Work Plan.

We hope this information answers some of your questions. Please call if you have any concerns or further questions. We wish you good luck in your recovery.

Sincerely,

Disability Management Coordinator
Phone #

**Sample Letter to Primary Health Care Provider
(Return-To-Work in Alternate Position)**

Dear **(INSERT NAME)**:

(NAME OF COMPANY/ORGANIZATION) has an active Return-To-Work Program which assists and encourages injured workers to return to employment as soon as physically appropriate.

Our worker, **(NAME)**, has recently suffered from a workplace injury and is currently under your care. We wish to involve you as part of our Return-To-Work Team to facilitate **(HIS/HER)** return to a safe and productive work environment as soon as physically possible. We are willing to work within the physical abilities and limitations that you identify.

One aspect of our Return-To-Work Program is to return injured workers to suitable work assignments as soon as possible. This is meant to provide rehabilitation while encouraging their return to meaningful employment. We also believe that it is important for injured workers to maintain contact with their employers, co-workers and work environments throughout the recovery process.

In order to determine the physical abilities of **(WORKER NAME)**, please review the enclosed Job Task Analysis of pre-injury duties, and complete the Work Readiness Form. Once we receive this information from you, and determine whether we have job duties which suit this person's abilities, a copy of the proposed Return-To-Work Plan will be forwarded to you for your review.

If you have any questions, please contact me at **(DIRECT PHONE NUMBER)**. Thank you for your time and assistance in returning **(WORKER NAME)** to productive and suitable employment.

Sincerely,

Disability Management Coordinator
Phone #

Organize the Return-To-Work Team

The Return-To-Work Team's primary responsibility is the development of individual Return-To-Work Plans for injured workers. Each Return-To-Work Team will vary, depending on the workplace size and resources. Nevertheless, all team members will provide important information and support during the treatment and rehabilitation of injured workers.

Each Return-To-Work Team should consist of at least the following members, each with his/her own specific role:

- Disability Management Coordinator (from the company/organization);
- Injured Worker;
- Worker/Union Representative;
- Health Care Provider;
- Case Worker of the Workers Compensation Board; and
- Employer Representative (immediate Supervisor).

Responsibilities of the Return-To-Work Team

The Return-To-Work Team will be very actively involved in individual return to work planning once the accident has occurred. Some general Team responsibilities include:

- Meeting with the injured worker to set up the Return-To-Work Plan, its goals and objectives;
- Ensuring that no conflicts exist between the Return-To-Work Plan and the collective agreement in unionized workplaces.

Each individual team member will also have responsibilities in the efficient and safe return to work of injured workers. The following outlines individual team member responsibilities:

Responsibilities of the Disability Management Coordinator

The Disability Management Coordinator is a workplace representative who will direct the workplace disability management activities. The Disability Management Coordinator should be familiar with the workers, their work environment and the tasks that they are performing. He/she will report the progress of the return to work activities to a senior management representative and the Return-To-Work Team.

Therefore, the Disability Management Coordinator's responsibilities include:

- Maintaining contact with the injured worker, the health care provider, worker/union representative, employer and the WCB representative;
- Developing and maintaining appropriate documentation and reporting systems for each individual Return-To-Work Plan;
- Communicating with the injured worker as soon as possible after the injury occurs (If possible, contact should be made in person or by telephone. If this is not possible, a letter may be used.);
- Ensuring receipt of all relevant medical information;
- Advising the injured worker's Supervisor of the proposed Return-To-Work Plan;
- Meeting with the injured worker to facilitate return to work;
- Monitoring the progress of the injured worker's Return-To-Work Plan;
- Completing and submitting required WCB forms;
- Establishing and maintaining regular contact with the WCB representative;
- Ensuring that all information related to the injury, such as job descriptions and employment options, have been provided to all partners on the Return-To-Work Team, as required.

Responsibilities of the Injured Worker

The responsibilities of the injured worker include:

- Maintaining regular contact with the Disability Management Coordinator and communicating any concerns to him/her for resolution;
- Taking an active role in the development of his/her own Return-To-Work Plan;
- Reviewing the Return-To-Work Plan with his/her Return-To-Work Team;
- Maintaining regular contact with his/her WCB representative.

Responsibilities of the Union/Worker Representative

In a unionized workplace, the union/worker representative's responsibilities include:

- Providing information about union requirements and the Collective Agreement to staff;
- Assisting in developing and monitoring the Return-To-Work Plan;
- Representing the worker in matters covered in the collective agreement, such as seniority and job assignments;
- Communicating with the union membership.

Responsibilities of the Health Care Provider

The injured worker's primary health care provider is a consulting member of the Return-To-Work Team. This person will be provided with the Job Task Analysis that will familiarize him/her with the injured worker's job and work environment. This will enable an accurate assessment of the worker's capabilities to be made.

Therefore, the primary health care provider's responsibilities include:

- Assessing the condition of the injured worker;
- Providing appropriate physical treatment to the injured worker;
- Contributing his/her expertise to the development of the Return-To-Work Plan;
- Completing the Work Readiness Form as provided by the employer and presented by the worker.

It is recognized that some health care providers may consider assigning costs, on a fee-for-service basis, for the completion of such forms. It is suggested that you contact your Workers' Compensation Board Case Worker to discuss the source of payment for such.

Responsibilities of the WCB Representative

A Case Worker of the WCB is available to assist the Return-To-Work Team in developing Return-To-Work Plans. His/her responsibilities include:

- Acting as a communication link among all the partners in the Return-To-Work Team;
- Reviewing and considering all relevant health care information;
- Arranging assessment referrals and all other rehabilitation services as required;
- Monitoring the progress in the individual Return-To-Work Plan and providing continual support and encouragement to the injured worker;
- Providing timely and effective management of the claim.

Responsibilities of the Employer

The responsibilities of the employer include:

- Creating return to work opportunities;
- Maintaining contact with the Disability Management Coordinator;
- Promoting, communicating and educating workers about the employer's commitment to the Return-To-Work Program;
- Monitoring the success of the Return-To-Work Program and approving changes as agreed upon by the Return-To-Work Committee.

In the event that the injured worker refuses or claims to be unable to cooperate in his/her individual Return-To-Work Plan, or if the employer makes an unreasonable offer, a Case Worker at the WCB will weigh all evidence and make a decision as to the appropriate action to be taken.

Develop Rules and Processes

The Return-To-Work Team will be involved in all aspects of developing the Return-To-Work Plan. Each injured worker will require very individualized, personal attention.

In order for the return to work process to begin immediately following an injury, a consistent and systematic process must first be developed. This standardizes the mechanism for returning an injured worker to the workplace and ensures all workers are treated fairly following workplace accidents.

Steps to follow when an injury occurs include:

1. Injury Response

Provide **immediate** first aid assistance to the injured worker. Injury response should be immediate and appropriate to the severity of the injury. It must also adhere to Occupational Health and Safety regulations. ⁴

The workforce should be aware of who is qualified to administer first aid assistance. First aid providers' responsibilities should be clear to everyone.

Section 107 of The Workers' Compensation Act states:

“(1) Every employer shall, at the employer’s own expense, furnish to any worker in the employer’s employment, who is in need of it as the result of a workplace injury, immediate and appropriate transportation to a hospital or a physician located within the area or within a reasonable distance of the place of injury.

(2) Where the employer fails to provide transportation pursuant to subsection (1), any person, or the Board, may obtain transportation for the injured worker.

(3) Any employer failing to comply with subsection (1) is, in addition to any other penalty that may be imposed by the Board, liable to pay for the transportation provided pursuant to subsection (2).”

2. Reporting

Identify to whom workers are to report an injury or near miss (for example, the Supervisor, Disability Management Coordinator, Safety Officer, Occupational Health Nurse or Owner of the company/organization). Be sure this information is clearly communicated to the workforce.

⁴ Occupational Health & Safety Act. 1996, c7, s.1.

Advise staff clearly that every worker must report all accidents and near misses immediately. This is essential to the prevention and future investigation of accidents.

Ensure that the *internal* Accident Report Forms are completed promptly and that an entry of all accidents and near misses is made in the designated and centrally located first aid log book, when first aid is required.

WCB forms must be completed and submitted promptly (see **Appendix E and F**). A WCB Accident Report - is only necessary if the worker loses time from work or seeks health care attention.

3. Accident/Incident Investigation

The Supervisor and/or Disability Management Coordinator, in cooperation with the Joint Occupational Health & Safety Committee, will conduct a proper investigation of the accident to determine its root cause and to prevent future occurrences of the same kind. **Appendix G** provides a basic plan for accident investigation. For more detailed information and training in investigation procedures, contact the Occupational Health and Safety Division of the Nova Scotia Department of Labour.

4. Communication with the Injured Worker

Guidelines must be established for maintaining clear communication with the injured worker, the injured worker's Supervisor and/or Disability Management Coordinator, the personnel department, the Return-To-Work Team members, the Joint Return-To-Work Committee, the union/worker representative, the WCB and management.

The injured worker's Supervisor or Disability Management Coordinator will provide the information package to the worker, who will then take the covering letter, Job Task Analysis Form and Work Readiness Form to his/her health care provider. When the health care provider has completed the Work Readiness Form, the injured worker will return it to the Supervisor or Disability Management Coordinator as promptly as possible. Depending on the severity of the injury, this could happen on the same day as the injury or, in the case of a severe injury, as soon as the worker is able to do so.

5. Developing the Individual Return-To-Work Plan

When the completed Work Readiness Form is received from the injured worker's health care provider, the Return-To-Work Team must meet to develop the individual Return-To-Work Plan. This will take into consideration the injured worker's transferable skills and abilities as well as the limitations imposed by the injury.

When designing the individual Return-To-Work Plan, the primary goal should be returning the worker to his/her pre-accident occupation. When this is not initially possible, and while the worker is in the process of improving his/her functional ability to perform pre-accident work, the following considerations should be made:

- The injured worker should return to a transitional employment assignment. This work should resemble the position held at the time of injury as closely as physically possible. As health care information demonstrates that the worker's functional ability has improved, the worker should be given work that is closer to the pre-injury work.
- If a worker is physically unable to return to work that resembles what he/she did at the time of the injury, the worker should return to the same department and be given different tasks that are within his/her physical abilities. Again, as health care evidence demonstrates that the worker's functional ability has improved, the worker should be given work that is closer to the pre-injury work.
- If a transitional work assignment does not exist in the injured worker's pre-accident department, then he/she should return to work in another department that can provide alternate or modified work duties on a consistent basis. Again, as health care evidence demonstrates that the worker's functional ability has improved, the worker should be given work that is closer to the pre-injury work.

It is a good idea to prepare in advance a which the worker can rotate. For example, a Stock Clerk might float between mail distribution, typing, filing and inventory control during a transitional work assignment.

It is very important to always keep in mind that work must be meaningful to the worker and productive for the company. It is not acceptable for the employer to return the worker to meaningless, "make-work" activities.

If it has been determined that the worker may not safely perform the essential duties of pre-accident work and the worker is likely to have a permanent medical impairment, the priorities should be:

- Modify the worker's pre-injury job to accommodate the worker's needs.
- Identify alternate duties to accommodate the worker's needs, ensuring that the worker is physically capable of performing the required duties, has appropriate qualifications, and will be earning wages comparable to his/her pre-accident wage rate. The Return-To-Work Plan must also ensure that neither the worker nor any one else at the workplace is exposed to any health or safety risk.

Involve the WCB Case Worker in the development phase of each individual Return-To-Work Plan. Remember, Return-To-Work Plans should not be implemented until they have been reviewed by the injured worker.

In instances where the injured worker's WCB claim is referred for Vocational Rehabilitation (VR), a VR Counsellor will work with the Return-To-Work Team to assist in the evaluation of the injured worker's transferable skills, the exploration of alternate work options or proposed modifications of the job site, the acquisition of assistive devices, and the assessment of training options.

6. Return To Work

The Return-To-Work Team coordinates activities with the injured worker's Supervisor to prepare for the worker's return to the workplace. During the early stages of return to work planning, the worker will report directly to the Disability Management Coordinator. The Supervisor must be made aware of all planned activities and a written copy of the Return-To-Work Plan must be supplied to all team members.

7. Monitoring

Regular meetings of the Return-To-Work Team should be held to review the worker's progress and to determine if additional resources are required. Regular monitoring will ensure that the individual Return-To-Work Plan is meeting the needs of the worker as well as the employer.

8. Follow up

After the injured worker returns to his/her pre-injury job, the Disability Management Coordinator should make follow-up contact with the worker to ensure that no problems have arisen out of the return to regular work duties.

Facilitate Communication, Education and Promotion

In the preliminary steps, the workplace was helped to understand the human and financial costs of workplace injuries, the benefits of the Return-To-Work Program, and the responsibilities of all partners to the program. Now that the program has been developed, it will be important to ensure that all workers, including management, and union, are aware of it and how it operates. They need to know what their roles will be when they or co-workers are injured. The program has been designed by your workplace, and it is important that workers know this.

Promotion and education about the program can be done through departmental meetings, newsletters, posters, training sessions and any other methods seen fit. The rules and processes which the committee has designed need to be shared with the workers so that they know and understand what to do when an injury occurs. They need to know the role of all team members, and what is expected of co-workers once an accident takes place.

Awareness training for all workers is equally important. The entire worker population needs to understand that returning an injured worker to work requires assistance and some special treatment. It is equally important that staff know that they would receive similar treatment and accommodation if they were ever injured on the job. Representatives from the Workers' Compensation Board are available to provide information sessions in this regard to the workplace, upon request.

Conduct Program Evaluation and Assessment

Evaluating the success of individual Return-To-Work Plans in the workplace will tell whether or not the overall program is meeting its objectives. It is recommended that evaluation be done through an analysis and comparison method. The analysis will determine:

- Length of disability;
- Average number of days lost following injury;
- Average time required to settle a compensation claim;
- Number of workers returned to full duties;
- Number of workers with permanent medical impairments who have been accommodated into permanent positions;
- How well procedures are followed;
- How well participants are served; and
- What changes are required.

This information should be compared with previous information to determine whether the program is working successfully and where adjustments and revisions are required.

Individual Return-To-Work Plan

Development of Individual Return-To-Work Plans

Early assistance is critical to the success of return to work planning. The following step-by-step process should assist in the development of individual Return-To-Work Plans for injured workers:

1. The Disability Management Coordinator (or existing staff person appointed to manage claims) will provide the injured worker with a pre-developed information package. Depending on the severity of the injury, the injured worker might receive this in person immediately following the accident or by mail or courier shortly thereafter.
2. The Disability Management Coordinator will contact the injured worker or the worker's family within 24 hours of the occurrence of the injury, depending on the severity of the injury. This allows the Coordinator to convey the workplace's concern and to determine if other assistance is required. It also provides an opportunity to discuss the completion of the Work Readiness Form, the nature of the injury, and the expected return to work date. This initial contact also allows an opportunity to establish with the worker, or his/her family, the frequency and preferred method of future contact.
3. The Disability Management Coordinator will ensure that the completed Work Readiness Form is returned.
4. Once the functional abilities of the injured worker have been identified by the health care provider, the Disability Management Coordinator compares this information to the existing (pre-injury) Job Task Analysis. A determination is then made as to whether or not it is necessary to modify the pre-injury job to accommodate the injured worker's abilities. If modification of the pre-injury job is not necessary and/or appropriate then the Disability Management Coordinator should review the Job Task Analysis inventory and determine whether an alternate job would be suitable. Remember to take into consideration all the skills and abilities of each worker.
5. The Return-To-Work Team must determine the duration and progression of the individual Return-To-Work Plan. Based on information from the health care provider, as provided by the injured worker, the team develops the plan with gradual increases in duties, hours of work, etc. The plan is then forwarded to the health care provider for review and for approval by the Case Worker at the WCB.

6. The Disability Management Coordinator should contact the WCB Case Worker to discuss such things as the date the plan commences, salary arrangements and any other pertinent details. Consultation with the worker's Supervisor will also facilitate the return to work process.
7. The Disability Management Coordinator should ensure that the injured worker's immediate Supervisor has a copy of the Return-To-Work Plan and is informed about the worker's capacities and the goals and expectations of the plan. The Supervisor should advise the injured worker's co-workers that he/she will be returning and explain the basics of the individual's Return-To-Work Plan. The Supervisor should emphasize the need for peer support and the cooperation of co-workers.
8. The Disability Management Coordinator and Supervisor should monitor the progress of the injured worker at regular intervals to ensure that the individual Return-To-Work Plan is appropriate and to address any concerns that might develop. Once the injured worker has returned to full pre-injury duties, monitoring should continue for a pre-determined period of time.
9. The Return-To-Work Team should keep the Joint Return-To-Work Committee informed of any program issues that arise so that improvements can be made to the overall workplace Return-To-Work Program. Amongst all parties and at all times, confidentiality must be maintained.

Case Workers of the Workers' Compensation Board can contribute a great deal to the development of individual Return-To-Work Plans. They are readily available to provide advice and guidance.

File Maintenance

The Disability Management Coordinator is responsible for maintaining files on all injured workers, including their individual Return-To-Work Plans. It is recommended that information pertaining to the Return-To-Work Plan be kept separate from regular personnel files where possible. This will keep the accident information together and prove quite helpful during future statistical analysis, evaluations and occupational health and safety reviews. Ultimately, it is the employer's decision as to whether or not one or two files will be maintained on the injured worker. Nevertheless, all information must also remain in strict confidence.

Information to be Included in Each File

- Injured worker's home address and phone number;
- List of contact names:
 - injured worker's primary health care provider,
 - WCB Case Worker and/or Case Management Team,
 - injured worker's Supervisor, and
 - union representative.
- Completed internal accident reporting forms;
- Copy of WCB Accident **Report**;
- Pre-injury Job Task Analysis;
- Completed Work Readiness Form;
- Other pertinent reports from health care providers;
- All correspondence between members of the Return-To-Work Team (Include notes of telephone conversations and meetings with the Return-To-Work Team members.);
- An inventory of the worker's transferable skills and abilities;

- Individual Return-To-Work Plan, including time frames, goals, job duties, etc.;
- Copies of WCB monthly injury cost statements;
- Reports of progress.

Upon return to work, each injured worker's file should be stored in a confidential area.



Important Considerations

Impact on Assessment Rates

On January 1, 1996, the Workers' Compensation Board implemented a new system called Experience Rating to give individual Nova Scotian firms more control over their assessment rates. Under the Experience Rating system, a company's assessment rates are adjusted to reflect their individual accident histories.

In calculating each employer's assessment rate, a portion of the rate is determined by Experience Rating: the firm's own accident cost experience as it compares to others in the same rate group. The WCB considers an individual employer's cost experience over the last three years (cost experience = total claim costs divided by total assessable payroll) and compares it to the entire group's experience. An employer with better experience than the rate group's average will receive a reduction in their rate, a **merit**, while an employer with worse experience will receive an increase in their rate, a **demerit**.

The size of the merit or demerit is determined by the difference between the employer's and the rate group's average experience, and the level of the employer's participation in Experience Rating. The maximum merit a firm can receive is 25% while the maximum demerit is 40%. It is also important to note that the maximum merit or demerit that a firm can receive depends on the size of that firm's payroll. Firms with an average assessable payroll of less than \$5,000.00 participate in Experience Rating on a reduced scale.

The following example demonstrates the impact of both a merit and demerit on a firm's yearly assessable rate:

Industry A (ie. construction) has a basic assessable rate of \$6.00 per \$100.00 of payroll. Firm X (ie. ABC Construction Company) has a payroll of \$1,000,000.00 per year with an expected annual assessment cost of \$60,000.00.

If Firm X receives a full 25% merit their assessment costs for the year will be \$45,000.00 rather than \$60,000.00.

Calculation:

Step 1: $\$6.00 \times 25\% = \1.50

Step 2: $\$6.00 - \$1.50 = \$4.50$

Step 3: $\$4.50 \times \$1,000,000.00 = \$45,000.00$

If, on the other hand, Firm X (ie. ABC Construction Company) receives a full 40% demerit its assessment costs for the year will be \$84,000.00 rather than \$60,000.00.

Calculation:

Step 1: $\$6.00 \times 40\% = \2.40

Step 2: $\$6.00 + \$2.40 = \$8.40$

Step 3: $\$8.40 \times \$1,000,000.00 = \$84,000.00$

In determining claim costs, the WCB looks at payments for new accidents during the most recent three full years. For example, for 1998 rates (which were calculated in the fall of 1997), the Board looks at the benefit payments that occurred between 1994 and 1996 inclusive. Using only the benefit payments associated with new accidents ensures that the employer's experience cost adjustment will reflect the current accident experience. After three years, a claim no longer appears on record for experience rating purposes. For example, a 1996 claim that affects the experience rating for 1998 will no longer affect the record when rates are set for 2001.

An employer's rate group consists of the direct competitors, based on industrial classification. Employers are classified using the Standard Industrial Classification (SIC) coding scheme developed by Statistics Canada. The rate group may also include other industries whose patterns of accident experience or risk were similar to the industry's over the last three to five years.

Establishing Return-To-Work Programs can positively impact employers Experience Rating costs. Improving safety practices and reducing individual employer cost experience will also improve Experience Rating. Improved safety and an active Return-To-Work Program means fewer lost work hours and a better working environment. Employers and workers can work together to reduce accidents and costs to the workers' compensation system to their mutual benefit. While it may take three years to financially realize the advantages of accident prevention and return to work programming on a firm's Experience Rating, the benefits of improved safety and increased staff morale will be evident immediately.

A representative from the Halifax Regional School Board states that **“creating modified or graduated Return-To-Work Programs has enabled us to return 29 of our 30 time loss claims back to the workplace in a timely fashion, drastically reducing our claims costs.”**

Critical Success Factors

- **Gain support of Senior Management and Union/Worker Representatives**

Without this support, a Return-To-Work Program will have limited success. A lack of obvious and strong senior management and union support could lead to resistance from supervisors, shop-stewards and co-workers who are faced with conflicting job demands. Clearly stated and/or written support facilitates management and union commitment and improves the chance of implementing a successful Return-To-Work Program.

- **Develop Goals and Objectives that Will Provide Focus to the Return-To-Work Committee and Develop Commitment to the Principles of the Program**

Developing program goals and objectives is a valuable exercise that brings many of the underlying issues related to disability management to the surface. Through discussion and debate, a workable consensus of opinion will be reached and the Return-To-Work Committee members can begin their work with a common understanding and focus.

- **Conduct Education and Awareness Sessions with Staff on the Principles and Purposes of the Return-To-Work Program**

This should be done before the program begins and periodically while the program is getting underway.

Many sensitive and personal issues are involved in the process of assisting injured workers to return to work. Individuals are naturally suspicious of initiatives that they do not understand. Open, honest discussion of issues and clear, concise and consistent communication of the principles and purposes of the Return-To-Work Program is essential if support is to be gained by all stakeholders. One very good idea is to have someone who has gone through a Return-To-Work Plan share their personal success story. Sharing real life experiences is often the most effective way to banish fear and skepticism and gain balance, trust and support.

Case Workers at the Workers' Compensation Board have experience in assisting employers develop successful Return-To-Work Programs. These individuals are available to share their knowledge with the workplace.

- **Ensure that the Joint Return-To-Work Committee is Comprised of Individuals with a Broad Knowledge of the Workforce Who Have the Respect of Union, Management and Staff Alike**

In setting up a Joint Return-To-Work Committee, consider the value of including people who have both broad and specific knowledge of the workplace and workplace activities. This allows the program to be tailored to meet a wide variety of specific workplace needs. It is equally important that staff respect the members of the committee and feel free to approach them with any questions or concerns.

- **Ensure that the Disability Management Coordinator has a Broad Knowledge of the Workplace, a Sincere Concern for Individuals and the Ability to Carry Out the Diverse Duties Required**

The Disability Management Coordinator plays a critical role in the program's success. Without the proper combination of skills, attitudes and understanding, the Disability Management Coordinator may find the challenges of return to work programming insurmountable. The Disability Management Coordinator must be able to function effectively both on the shop floor and in the corporate boardroom, deal with all stakeholders and be sensitive to the important issues of the workplace. He/she must understand all the jobs within the workplace, the process and ergonomics of day-to-day operations, the collective agreement and other ongoing safety committees. Acting as an advocate for the worker, the Coordinator must also facilitate the support and participation of the various stakeholders who may hold a wide variety of opinions.

- **Develop a Database of Job Options Within the Workplace to Support Return to Work Efforts, Track Potential Job Accommodations and Other Information Critical to the Success of the Program**

The Joint Return-To-Work Committee and Disability Management Coordinator should work together to identify and assess a variety of options for successfully returning all injured workers to work. Consideration must be given to regular job postings and potential transitional jobs, as well as possible accommodations that could create meaningful positions for injured workers. The first step is to describe the physical demands of all jobs in as much detail as possible (Job Task Analysis). This database of jobs might also include an analysis of related jobs in other departments of the company/organization that might be useful to injured workers.

The Disability Management Coordinator should develop a knowledge of assistive devices available to persons with disabilities and the physical accommodations that could be carried out to make a work site more accessible to an injured worker.

- **The Joint Return-To-Work Committee Should Clearly Outline the Roles and Responsibilities of all Stakeholders in the Return to Work Process**

Outlining roles and responsibilities ensures that everyone involved in the Return-To-Work Program understands the important role that he/she plays in achieving successful outcomes. It also eliminates overlapping or the unnecessary duplication of duties. By describing what is expected of each individual, misunderstandings can be resolved before stakeholders are involved in complex return to work situations.

- **Document Policies and Procedures**

Documenting policies and procedures as they are developed provides a clear reference guide of day-to-day activities for the Disability Management Coordinator, Joint Return-To-Work Committee and the program itself. The policies and procedures should be given to new committee members and/or Disability Management Coordinators and can be used as an educational tool for anyone seeking clarification of the program's intent.

- **The Joint Return-To-Work Committee Should Develop Methods for Monitoring, Evaluating and Improving the Return-To-Work Program**

The Return-To-Work Committee must monitor and document all events, analyse and evaluate all outcomes and maintain consistent records of all expenses incurred through the program. In doing so, the program can be modified and improved on an ongoing basis.

- **Maintain Emphasis on Early Assistance and Early Return to Work**

Emphasis should be on early assistance and early return to work while protecting the health and safety of the injured worker and co-workers. In a variety of workplace settings, experience has shown that early return to work improves the chances of successfully reintegrating workers who have sustained workplace injuries.

- **Document Each Return-To-Work Plan**

As soon as a worker sustains a workplace injury, the collection of detailed information must begin. When the injured worker has been assessed by the primary health care provider, the Disability Management Coordinator must work with the worker to develop suitable return to work options. It is at this time that the Return-To-Work Plan begins to develop. The plan should describe the specific steps that are required to assist each injured worker to return to work. Each plan is unique, time specific and clearly outlines responsibilities and expectations. The Return-To-Work Plan is a critical information tool that will prevent misunderstandings and breakdowns in communication from occurring.

- **Devise Return-To-Work Strategies that Fit the Needs of the Workplace and Its Workers**

The Return-To-Work Committee should develop a hierarchy of return to work options that range from returning workers to their original jobs, with job accommodations if required, to assessing their transferable skills and abilities to perform alternate jobs, to retraining them and placing them in another suitable job within the workplace. The strategies must remain flexible and must always involve the worker.



Barriers to Return-To-Work

• Health Care Provider Does Not Support the Return-To-Work Plan

Often times, difficulties encountered with the treating health care provider stem from a lack of communication and/or a confusion regarding roles. It is important that health care providers are asked for information that they are educated and trained to give. It is appropriate to request information pertaining diagnosis, prognosis, treatment plan and the physical precautions to be used during the implementation of the Return-To-Work Plan.

It is equally important that the health care provider be supplied with as much information about the Return-To-Work Plan as possible. Without specific information it is very difficult for a health care provider to give direction regarding return to work. Therefore, appropriate information requests must be determined and communicated with a commitment to return the worker to physically appropriate job duties. If the worker is being cared for by an expert in Occupational Health, it will be necessary to provide this person with a description of the regular or transitional duties that are available. This will show the health care provider that the job being offered does not exceed the physical capabilities of the worker.

Remember, health care providers (Physicians, Occupational Therapists, Physiotherapists, Chiropractors, Occupational Health Nurses, etc.) are not the sole decision makers who determine whether or not the worker can return to work. It is best that the health care provider's comments relate strictly to health care issues. Ultimately, return to work decisions are determined by the Return-To-Work Team after weighing all the information received from health care providers, the worker, the employer, the union and the WCB.

• Injured Worker Is Not Cooperating

Each injured worker is required, under the Workers' Compensation Act, to cooperate fully in return to work measures. If it is difficult to establish a Return-To-Work Plan because the worker is not cooperating, the Workers' Compensation Board should be notified immediately. Worker resistance sometimes results from fear of re-injury or from embarrassment at returning to work in what the worker perceives as a helping the worker understand the true situation will often reassure him/her. It is the employer's responsibility to reassure the worker that his/her co-workers are looking forward to his/her return.

- **Return-To-Work Plan Fails**

If the individualized Return-To-Work Plan is unsuccessful, accommodation and/or training needs must be assessed to see if they were sufficient for the worker to return to work effectively. All plans must be specific, realistic and attainable. Keep in mind that the return to work process is dynamic and it may require several adjustments along the way. The worker may suffer an unanticipated deterioration in his/her condition that may necessitate a temporary suspension or complete revision of the plan. Be sure to consult with all members of the Return-To-Work Team when Return-To-Work Plans are encountering difficulties.

- **Lack of Co-worker Support**

Managers and Supervisors must take the initiative in communicating the benefits of Return-To-Work Programs to all workers. Animosity towards returning an injured worker to the workplace can sabotage efforts. Be prepared to gain co-worker support by openly discussing their concerns and reinforcing the fact that successful return to work initiatives benefit all parties. It is also advisable to have union support and input on issues such as these.

The following list provides some potential barriers that each group of individuals might face:

Worker

- Pain;
- Fear of re-injury or relapse;
- Prolonged inactivity;
- Job performance anxiety;
- Failure to communicate with employer/co-workers;
- Pre-injury job dissatisfaction.

Employer

- Lack of awareness of the real costs of disability;
- No reliable method for tracking injured workers;
- Failure to communicate with injured worker;
- Negative workplace climate/low staff morale;
- Stressors in workplace.

Health Care Providers

- Lack of knowledge about the injured worker's job, workplace and/or the Return-To-Work Program;
- Longstanding professional relationship with injured worker that is influencing decision-making.

Workers' Compensation Board

- Delays in intervention;
- Lack of regular monitoring of the Return-To-Work Plan.

Each of these obstacles must be attended to on an individual basis, in a timely fashion. Communicating potential resolutions to each problem will result in a much more effective Return-To-Work Program for your workplace.

Frequently Asked Questions

Q. Who will pay the injured worker during the Return-To-Work Plan?

- A.** Employers are encouraged to maintain the injured worker on regular salary and benefits during the implementation of the Return-To-Work Plan. Remember that each individualized Return-To-Work Plan will have a schedule of specific time frames, with appropriate tasks assigned to those times. Past experience has shown that when injured workers are treated like their non-injured co-workers in all ways, including pay level, they are motivated to resume performing regular employment tasks earlier. In addition, when an injured worker is receiving regular salary from the employer, the overall WCB claim costs for the accident are kept stable. This, in turn, means that the employer's assessment costs do not increase.

If the employer is unable or unwilling to maintain the injured worker's salary level during the implementation of the Return-To-Work Plan, the Workers' Compensation Board will consider the worker's entitlement and begin and/or maintain WCB Temporary Earnings Replacement Benefits, if appropriate. Generally, who pays the worker during the Return-To-Work Plan is arranged between the Disability Management Coordinator and the WCB Case Worker on a case-by-case basis before the Return-To-Work Plan begins.

Q. How can I afford to implement a Return-To-Work Program?

- A.** It has been the experience of the Workers' Compensation Board that those workplaces who have successfully implemented Return-To-Work Programs see a significant reduction in the number of accidents incurred at the work site. While the financial benefits may not be obvious during the first year of the program's implementation, overall cost savings can be clearly discerned through yearly claims costs comparisons. The Workers' Compensation Board is willing and able to provide financial statements and comparisons of employer claims costs and to assist in establishing and evaluating Return-To-Work Programs, upon request.

Q. Can the Workers' Compensation Board or the employer force an injured worker back to work?

A. No, neither the WCB nor the employer can force an injured worker back to work. The Return-To-Work Team must work together to develop a suitable Return-To-Work Plan for each injured worker. According to the *Workers' Compensation Act*, each injured worker is obliged to cooperate fully in the development and implementation of all rehabilitation programs. The *Workers' Compensation Act* further states that the Board may suspend, reduce or terminate any compensation made to a worker if that worker fails to cooperate. Therefore, once it has been determined that the Return-To-Work Plan is physically appropriate and meaningful to both the employer and worker, the injured worker has a key responsibility for its efficient implementation.

Q. Does an employer have the right to have the injured worker assessed by another, independent health care provider?

A. Yes, the employer can seek the opinion of another, independent health care provider regarding the injured worker's physical abilities and limitations. The cost associated with this additional opinion will be the employer's.

Q. Can a Return-To-Work Plan be altered once it begins?

A. Yes, a Return-To-Work Plan can be altered once it begins. In instances when changes are required, it will be critical that all members of the Return-To-Work Team maintain open lines of communication. Everyone must be fully aware of the intended changes and the alterations must be clearly outlined and include time frames for completion.

Q. How long will a Return-To-Work Plan last?

A. Return-To-Work Plans are customized to meet the specific needs of each individual worker. They are designed with the injured worker's abilities, limitations, skills and aptitudes in mind. Pre-determined start and end dates should be established before any plan is implemented.

Q. What happens if we are unable to identify alternate, suitable work for the worker?

A. Case Workers at the Workers' Compensation Board are skilled in assisting workplaces identify transitional and alternate employment options for injured workers. In particular, the Vocational Rehabilitation Counsellors specialize in the identification of transferable skills and suitable alternate career options for injured workers.

In the event that alternate and suitable employment opportunities are not available with the pre-accident employer, a Vocational Rehabilitation Counsellor may help eligible injured workers find similar or alternate employment with a different employer. Through involvement in the Vocational Rehabilitation Program, injured workers are assisted in securing suitable and reasonably available employment, at wages comparable to their pre-accident earnings.

Q. Is participation in this type of program voluntary?

A. Yes, the development and implementation of a Return-To-Work Program is completely voluntary. This manual is intended to act as a guide for developing your program's framework so that the work site can reap the many benefits of return to work programming. The amount of time your organization commits to workplace Return-To-Work Program development will depend on claim costs, claim volume and your workplace desire to have a positive impact on reducing your company's/organization's overall injury costs. A Workers' Compensation Board representative can play a valuable role in assisting you to achieve this goal.

Q. Does this replace the Case Management Services that the Workers' Compensation Board currently provides?

A. No, return to work programming is in no way meant to replace the Case Management Services of the Workers' Compensation Board. The WCB is considered an instrumental team player in the establishment, development and enhancement of your individual program. Case Management Teams will maintain their existing roles and responsibilities and will also act as valuable resources to the workplace.

GLOSSARY OF RETURN-TO-WORK TERMS

A

Accepted (Claim) - A claim for which entitlement under the Workers' Compensation Act has been recognized by the Workers' Compensation Board.

Accident - An event or circumstance(s) causing or leading to an injury, arising out of and in the course of employment. Also includes occupational disease. Generally, does not include stress other than as an acute reaction to a traumatic event.

Accident Employer - The employer with whom the worker was employed at the date of injury.

Accommodation - The changing of work or work methods in order to permit a person to return to productive employment.

Alternate Employment - Employment that is comparable to the worker's pre-injury work in its nature, earnings, qualifications, opportunities and other relevant aspects (e.g. duties, functional demands, obligations). The pre-injury employer must satisfy the Board that he/she is unable to offer return to employment in the pre-injury work before the option of offering the worker alternate work will be accepted.

Assessable Payroll - The portion of an employer's total payroll which is subject to WCB assessments. Limits result from the maximum assessable earnings.

Assistive Devices - Any special clothing, device or equipment that modifies limitations as a result of physical disabilities.

Assessment Rate - The rate applied to determine the amount of money an employer pays in assessments to the Workers' Compensation Board. Based on their industry, an experience rated firm is currently (1999) assessed a set amount per \$100.00 of payroll.

B

Benefit - A payment made to a worker or a dependent in relation to a compensable injury or condition.

C

Claims Costs - Collective term used by the Association of Workers' Compensation Boards of Canada to refer to the total of short-term disability, long-term disability, survivor benefits, health care and/or rehabilitation benefit costs.

Closed Claim - A claim for which no further action or activity is expected; or a claim which is not actively being adjudicated for any benefits or appeals.

Collective Agreement - An agreement in writing made between an employer and a union which contains the terms and conditions under which work is to be performed and sets out the rights and duties of the employer, the workers and the union.

Compensation - A term commonly used to refer to benefits paid by the Board.

Cost Experience - Historical trends in cost and payroll. It is calculated, from a three year history, as the ratio of new injury costs over assessable payroll.

D

Date of Injury - The date on which the work-related injury takes place. In the case of occupational disease, the date when the disease results in loss of earnings, the date on which the Board determines the worker has a permanent impairment or the date on which the worker's death is caused by the disease, whichever comes first.

Disability - The limiting loss or absence of capacity of a worker to meet personal, social or occupational demands, or to meet statutory or regulatory requirements.

Disability Management - The proactive, employer-centred process of coordinating the activities of labour, management, insurance carriers, health care providers and vocational rehabilitation professionals for the purpose of minimizing the impact of injury, disability or disease on a worker's capacity to successfully perform his/her job.

Disability Management Coordinator - The employer representative who directs the workplace's disability management activities.

E

Earnings - Wages, salary, overtime or any other related remuneration designated as such by the Board.

Earnings Replacement Benefit - A benefit paid to a worker who experiences a loss of earnings as a result of a workplace injury.

Ease Back To Work - A program designed to gradually return injured workers to their pre-accident duties. It usually increases the number of hours worked and tasks completed on a gradual and consistent basis.

Employer - An individual, partner or limited company which employs workers. An assessable employer is an employer, in certain industries, with three or more workers, whether full-time, part-time, casual, contractor or subcontractor.

Employer (Re-employment) - The person or entity with which the worker has a contract of employment and the entity which the WCB records for assessment purposes under the company's firm number. For the purposes of re-employment this includes firms with 20 or more workers, except those in the construction industry and others exempted by regulation.

Ergonomics - The science of adapting work environments to suit the capabilities and characteristics of an individual. Size, shape, age, gender and physical abilities, in addition to strength, endurance and work tolerance, can affect the ability of some workers to do their jobs. Ergonomics considers job design, tools and equipment, the management of physical environments, and worker capabilities and limitations.

Essential Duties - Core functions of a job, without which the job outcome could not be achieved.

Experience Rated Costs - The total benefits paid in the last three full calendar years, as viewed by experience rating (that is, for your 1998 Rates, the three year period would be 1994-1996). In some cases, however, actual costs paid are not used. For example, occupational disease claims are not included and fatal claims are automatically assigned the maximum assessable earnings for the year of the accident.

Experience Rating - A program that results in incentives for employers and is intended intended to improve safety, encourage accident prevention programs in the workplace, and provide a measure of equity by charging employer assessment rates that vary with their cost experience. The program assigns merits or demerits to employer's assessment rates by comparing the employer's cost experience to the rate group's average cost experience.

Experience Ratio - The ratio of experience rated costs to assessable payroll.

F

Firm - An employer. A firm can have one or more divisions.

Form 8/10 - The form used by physicians to report findings and treatment on the injured worker's first visit after a compensable injury, as well as findings, treatment and progress during follow-up visits.

Functional Capacity Evaluation - A one to two day assessment by a Physiotherapist or Occupational Therapist that specifically determines a person's residual physical abilities.

H

Health and Safety Hazard to the Worker or Co-workers - Refers to the risk posed by the worker's inability to perform certain work functions safely or to avoid danger in the workplace. It considers the worker's complete ability, not only the compensable condition.

Home Modifications - Those modifications to the structural, electrical and plumbing aspects of the principle residence of an injured worker that are necessary to permit access to and to ensure mobility within the residence and to allow for the safe performance of the activities of daily living such as personal hygiene, food preparation and sleeping.

I

Impairment - The loss, loss of use or derangement of any body part, system or function.

Industry Group - A group of standard industrial classification (SIC) codes that have similar business activities.

Initial Rate - An earnings replacement rate based on earnings for the four weeks before the loss of earnings. This rate is used to set benefits for the first 12 cumulative weeks of the claim.

J

Joint Occupational Health Safety Committee - At every workplace where 20 or more persons are employed, the employer must establish and maintain one Joint Occupational Health and Safety Committee. At least half of the committee members must be employees who are not connected with the management of the workplace. At workplaces where 5 to 19 people are employed, at least one Health Safety Representative must be selected by its employees. The Committee and/or Representative have various responsibilities related to ensuring the health and safety of all employees at the workplace. Further information regarding such responsibilities may be obtained from the Department of Labour, Occupational Health Safety Division.

Joint Return-To-Work Committee - The group of individuals who represent the Return-To-Work Partners (Workers, Employer, Health Care Provider(s), Union(s) [where applicable], the Workers' Compensation Board and the Joint Occupational Health Safety Committee or Representative) and who develop, organize and monitor the Return-To-Work Program.

L

Long-Term Rate - An earnings replacement rate calculated after the Initial Rate or Provisional Rate. Typically a long-term rate is established after the first 12 cumulative weeks of benefits.

M

Maximum Medical Recovery - The point at which further medical and/or health care treatment or intervention will not, in the Board's opinion, result in a significant improvement in the worker's condition.

Modified Work - Any change in the tasks that make up a job; may require physical changes to a work area, changes in the equipment used or a re-organization or elimination of some tasks.

N

Necessary Skills - Refers to the worker's current skills and ability to acquire specific knowledge within the normal time frame of a newly hired worker who meets the qualifications to perform the work.

Normal or Usual Rate of Productivity - Refers to the worker's ability to perform the essential duties of the pre-accident or suitable work at a rate of productivity comparable to, and not less than, the average rate of productivity generally accepted for anyone performing the same work for similar wages with this employer or comparable to the worker's pre-injury rate of productivity, if this was less than the average productivity of other workers doing the same work.

Notice to Re-employ - Refers to the written WCB notice to an employer of the worker's fitness to return to work. The employer is required to reinstate the worker immediately upon the receipt of this notice.

O

Occupational Disease - A disease arising out of and in the course of employment and resulting from causes or conditions which are peculiar to, or characteristic of, a particular trade, occupation, or place of employment.

Occupational Therapy - The art and science of directing a person's participation in selected tasks to restore, reinforce and enhance performance, facilitate learning of those skills and functions essential for adaptation and productivity, and promote and maintain health.

P

Pre-Injury Work - The work performed on the date of the injury, with all the duties, functional demands, obligations, rights, rules, earnings, qualifications, opportunities and other pertinent aspects.

R

Rate, Assessment -The total rate which is applied to an employer's assessable payroll to determine the assessment amount payable to the Board.

Rate, Baseline - The rate assigned to each rate group. It is determined by pricing in the rate group so that the group will generate enough revenue to ensure that the Board has the funds required to maintain a quality program for the members of that group.

Rate, Basic - The portion of an employer's assessment rate which would be payable in the absence of a rate levy or merit/demerit.

Rate, Benefit - The end result of applying the necessary rules and calculations to pre- and post-loss of earnings. The rate upon which a benefit is based.

Rate Group - A collection of industry groups that demonstrate similar risk of injury patterns. Employer accounts within a rate group will have the same baseline rate.

Rate, Levy - A component of the assessment rate. The Construction Safety Association, the Retail Gas Association and the Forestry Products Association are funded through levies placed on their respective employers.

Rate, Merit/Demerit - A rate decrease (merit) or rate increase (demerit) that when combined with the basic rate and levy rate forms the assessment rate for an employer account. The merit or demerit is calculated by looking at cost experience.

Re-employment - A general term referring to the legal obligation of certain employers to re-employ eligible injured workers following recovery from a compensable injury. The precise nature of the re-employment obligation depends on the worker's functional abilities and the size and industrial classification of the employer.

Refusal to Accept the Re-employment Offer - A definite rejection of the offer of re-employment, preferably made in writing by the worker. The Board may conclude that certain actions/conduct on the part of the worker indicate his/her refusal to accept the offer of re-employment. Conduct that clearly violates the reasonable standard of behaviour or performance requirements of the work may be an example of this.

Return-To-Work Partners - Employer, Workers, Union(s) (where applicable), Health Care Provider(s), Workers' Compensation Board and Joint Occupational Health Safety Committee or Representative.

Return-To-Work Plan - A short-term, individual plan which is designed to assist the injured worker successfully return to work. Return-To-Work Plans have time frames and schedules that are transitional and depend on the type of injury, physical abilities and limitations, skills and pre-accident employment duties of the injured worker.

Return-To-Work Program - An employer based program that helps injured workers return to safe and productive work activities as soon as physically possible.

Return-To-Work Team - The group of individuals whose primary responsibility is to assist in the development of each injured worker's Return-To-Work Plan. The Team should consist of the injured worker, the employer, the Disability Management Coordinator, a union/worker representative(where applicable), a health care provider and a Case Worker from the Workers' Compensation Board.

S

Stakeholders - Groups and individuals who have an interest in the workers' compensation system. Stakeholders include injured workers, employers, labour organizations, injured workers' associations, employer associations, Occupational Health Safety, the medical community, the education system, health care service providers and other external bodies such as the Workers' Compensation Appeal Tribunal and the Workers' Advisor Program.

Suitable Employment - Any employment that a worker has the necessary skills to perform, is medically able to perform and that does not pose a health or safety hazard to the worker or any co-worker.

T

Temporary Earnings Replacement Benefit (TERB) - A short-term benefit paid to a worker who is suffering a loss of earnings as a result of a compensable injury.

Termination - Includes dismissals, suspensions, layoffs or other cessations of active employment resulting in the end of employment income and all other employer paid benefits.

Task Analysis - The systematic analysis of all the activities included in a job or work process that may be required of a worker; a process undertaken to determine the compatibility between an individual and a specific job.

Transferable Skills - Skills acquired in the performance of jobs or hobbies that can be used in other jobs.

Transitional Work - Any group of tasks or jobs that are not expected to be the final outcome of a worker's return to work.

Type of Accident - The event or exposure that directly caused the injury or illness.

U

Unable to Work - The worker cannot safely or productively perform any activity with the accident employer for a period of time.

Undue Hardship - Evidence of detrimental impact on the productivity, operation or profitability of an employer's business. Used in connection with re-employment and the employer's duty to alter the duties of the work or the work environment to facilitate an injured worker's return to work. The onus is on the employer to show adequate evidence of undue hardship.

V

Vocational Rehabilitation - Any effort by the Board to help injured workers return to the workplace. This is accomplished by providing assessment, counselling, guidance and vocational assistance in returning the worker to a safe, productive work environment.

W

WCB - Workers' Compensation Board of Nova Scotia.

Worker - Any person eligible to make a claim for compensation following a workplace accident; any person within the scope of the Act in the capacity of a worker.

Workers' Compensation Act - Workers' Compensation legislation.

Work Hardening - Therapy where work duties are used as part of a conditioning and strengthening program to maximize the worker's physical capabilities and increase workday tolerance.

APPENDICES

Guidelines to assist with the completion of Job Task Analysis

Job Duties

- a brief description of the types of tasks the worker is expected to perform on a regular basis (e.g. drive grader, change grader blades and grease machinery).

Physical Job Demands

- the scale used on the Job Task Analysis Form (Appendix B) to indicate the physical demands of a job and how much time is spent at each task.

Bending

- moving or stretching in a curved position.
 - **Kneeling** - where one or both knees are on the ground.
 - **Crouching** - to stoop or bend low.
 - worker is unable to remain upright yet work is too high to be performed in a squat or kneel.
 - **Squatting** - to sit in a low position on heels with legs drawn up closely in front of body.

Walking

- describe as frequent short walks or prolonged walks.
- describe surface:
 - level - concrete, carpet, etc.
 - rough - dirt, rocks, etc.
 - slope - ditches, roofs, ramps.

Climbing

- may need to indicate number of steps or flights of stairs.
- indicate height of regular stairs (e.g. standard steps or steep steps).
- indicate height if worker is using ladders to perform duties.
- describe type of ladder used.

Sitting

- may be described as short (not long in duration, brief), intermittent (occurring in intervals, not continuous) or prolonged (lengthy, extended periods of time).
- describe the type of seating.
- indicate maximum time required before a break.

Standing

- indicate if stationary, with little movement or mobile.
- add comments, such as requires frequent bending, twisting, etc.

Balancing

- indicate whether the worker is required to remain in a stable position while reaching.
- surface is wide, narrow or unstable (e.g. painting off a ladder, walking on high scaffolding or beams).

Reaching

- the position that the arms are in order to effectively do the task.
- repetitive indicates arms are continually changing position from a low to a high level or from close to the body to stretched forward, away from the body.
- sustained indicates that the arms must remain in one position for longer than one minute with little change in position.

Postures

- **Flexion** - the act of bending.
- **Abduction** - to draw away from the middle line of the body.
- **Extension** - the movement by which the two ends of any jointed part are drawn away from each other.
- **Rotation** - the process of turning around an axis or center.

Handling

- **Fine manipulation** - indicates that the worker must use small objects to perform tasks with hands (e.g. screws, bolts, typing).
- **Gross manipulation** - indicates that the worker must handle large, usually awkward objects to perform duties (e.g. plywood, transferring patients). Worker is generally required to use both hands for safe handling.
- indicate how moved and the weight of object.
- indicate if repetitive.
- if hand tools are used, indicate which tools, which hand, length of time, etc.
- indicate if vibrating tools are used.

Lifting

- indicate the weight of object being lifted.
- indicate the duration of lifting.
- indicate the heights of most frequent lifts.
- indicate if objects must be moved from one level to another.

- describe the objects being lifted (e.g. bulky).
- indicate one or two handed lift.
- indicate one, two or three person(s) lift.

Carrying

- indicate the weight of object being carried.
- indicate if weight must be moved from one location to another.
- indicate distance carried, how carried (e.g. both hands down at side, both hands in front, one hand at side, on shoulder) and length of time required to carry.
- indicate the type of surface carried on (e.g. up stairs, over rough terrain).
- include height at which the object is being carried (e.g. waist, shoulder).
- indicate what is most frequently being carried.

Pushing/Pulling

- indicate that the object being moved is either being moved over a distance, being moved while pushing or pulling a rope or pulley, or is being moved just a short distance while the worker remains in a fixed position.
- indicate distance, surface and slope on which the object is being moved.
- include weight of object to be pushed/pulled.

Noise level

- indicate decibel level, if over 80 decibels.

NOTE: Details describing each physical activity may be noted in the Comments Section of the Job Task Analysis Form.

Job Task Analysis

(To be completed when assessing job tasks. Job Task Analysis should be completed on all jobs within your organization/company.)

Employer: _____

Address: _____

Job Title: _____ Hours Worked per Week: _____

Supervisor: _____ Phone Number: _____

Outline of Job Duties: _____

Physical Job Demands

Grade activity **frequency** according to scale below by circling the most appropriate number on the following form.

- | | |
|---|---|
| 0 - not required | 3 - occasionally required (12-25 times/shift) |
| 1 - seldom required (1-5 times/shift) | 4 - frequently required (26-70 times/shift) |
| 2 - minor requirements (6-11 times/shift) | 5 - always required (71+ times/shift) |

Where applicable, grade **weight** requirements according to scale below by circling the most appropriate lower case letter.

- | | |
|-------------------------------------|--|
| a- limited (up to 5 kg) | c - medium (10 kg but less than 20 kg) |
| b- light (5 kg but less than 10 kg) | d - heavy (more than 20 kg) |

Grade activity **duration** according to the scale below by circling the most appropriate upper case letter on the following form.

- | | |
|--|--|
| A - minimal (0 to 1 hour/shift) | D - continuous (over 5.5 hours/shift) |
| B - occasional (1 - 2.5 hours/shift) E - never | C - frequently (2.5 - 5.5 hours/shift) |

Comments section should identify mechanical or physical aids recommended or required as well as any additional information pertaining to the physical activity being performed.

Physical Activity	Specification	Frequency	Weight	Duration	Comments
BENDING	at waist stooping kneeling crouching crawling squatting	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E A B C D E A B C D E A B C D E A B C D E	
WALKING	level surface rough ground slopes	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E A B C D E	
CLIMBING	stairs ladders	0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E	
SITTING	chair stool vertical seat	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E A B C D E	
STANDING		0 1 2 3 4 5		A B C D E	
BALANCING		0 1 2 3 4 5		A B C D E	
REACHING	overhead forward side	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E A B C D E	
NECK POSTURES	flexion extension rotation side flexion	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E A B C D E A B C D E	
SHOULDER POSTURE	abduction flexion	0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E	
WRIST POSTURE	flexion extension	0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E	
HANDLING	fine manipulation gross manipulation hand tool usage	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	a b c d a b c d a b c d	A B C D E A B C D E A B C D E	
LIFTING	from ground from bench over shoulder over head	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	a b c d a b c d a b c d a b c d	A B C D E A B C D E A B C D E A B C D E	
CARRYING			a b c d	A B C D E	
PUSHING			a b c d	A B C D E	
PULLING			a b c d	A B C D E	
WRITING		0 1 2 3 4 5		A B C D E	
TYPING		0 1 2 3 4 5		A B C D E	

ENVIRONMENTAL CONDITIONS:

Indoor/ Outdoor - _____

Temperature - _____

Noise - _____

Dust/Mist/Vapour/Gas - _____

Equipment/Tools Used- _____

Required Safety Equipment - _____

Notes - _____

Completed by:

Position:

Date Completed:

Work Readiness Form

To be completed following a workplace injury and used to determine the job duties that a worker can resume.

SECTION I - To be completed by the workplace's Disability Management Coordinator (or designate):

Employee: _____ MSI Number: _____

Job Title: _____ Date of Injury: _____

Employer's Name: _____ Employer's Number: _____

Employer's Address: _____

Disability Management Coordinator's Name Address: _____

Disability Management Coordinator's Direct Phone Number: _____

SECTION II - To be completed by the treating Health Care Provider:

A - Indicate the location of the injury: _____

B - Physical Job Demands Analysis: _____

Grade activity **frequency** according to scale below by circling the most appropriate number on the following form.

- | | |
|---|---|
| 0 - not required | 3 - occasionally required (12-25 times/shift) |
| 1 - seldom required (1-5 times/shift) | 4 - frequently required (26-70 times/shift) |
| 2 - minor requirements (6-11 times/shift) | 5 - always required (71+ times/shift) |

Where applicable, grade **weight** requirements according to scale below by circling the most appropriate lower case letter.

- | | |
|-------------------------------------|--|
| a- limited (up to 5 kg) | c - medium (10 kg but less than 20 kg) |
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Grade activity **duration** according to the scale below by circling the most appropriate upper case letter on the following form.

- | | |
|--|---------------------------------------|
| A - minimal (0 to 1 hour/shift) | D - continuous (over 5.5 hours/shift) |
| B - occasional (1 - 2.5 hours/shift) | E - never |
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Comments section should identify mechanical or physical aids recommended or required as well as any additional information pertaining to the physical activity being performed.

Physical Activity	Specification	Frequency	Weight	Duration	Comments
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WALKING	level surface rough ground slopes	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E A B C D E	
CLIMBING	stairs ladders	0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E	
SITTING	chair stool vertical seat	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E A B C D E	
STANDING		0 1 2 3 4 5		A B C D E	
BALANCING		0 1 2 3 4 5		A B C D E	
REACHING	overhead forward side	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E A B C D E	
NECK POSTURES	flexion extension rotation side flexion	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E A B C D E A B C D E	
SHOULDER POSTURE	abduction flexion	0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E	
WRIST POSTURE	flexion extension	0 1 2 3 4 5 0 1 2 3 4 5		A B C D E A B C D E	
HANDLING	fine manipulation gross manipulation hand tool usage	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	a b c d a b c d a b c d	A B C D E A B C D E A B C D E	
LIFTING	from ground from bench over shoulder over head	0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5 0 1 2 3 4 5	a b c d a b c d a b c d a b c d	A B C D E A B C D E A B C D E A B C D E	
CARRYING			a b c d	A B C D E	
PUSHING			a b c d	A B C D E	
PULLING			a b c d	A B C D E	
WRITING		0 1 2 3 4 5		A B C D E	
TYPING		0 1 2 3 4 5		A B C D E	

ENVIRONMENTAL CONDITIONS:

Indoor/ Outdoor - _____

Temperature - _____

Noise - _____

Dust/Mist/Vapour/Gas - _____

Equipment/Tools Used- _____

Required Safety Equipment - _____

Notes - _____

SECTION III - To be completed by the Health Care Provider:

Is the worker prescribed treatment that is likely to impair his/her performance or safety?

Yes No

If yes, please indicate: _____

Is the worker referred for other treatment?

Yes No

If yes, please indicate: _____

Is a follow-up assessment required?

Yes No

If yes, indicate expected date: _____

SECTION IV- To be completed by the Health Care Provider:

Health Care Provider Information (Please Print)

Name: _____

Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Types of Accommodations

There are various types of accommodations the employer can make that would allow the worker to return to the workplace as soon as physically possible. These include:

- Temporary Accommodations
- Temporary Accommodations as Treatment
- Permanent Accommodations

Temporary Accommodation

- Transitional duties: The physical exertions of the job are decreased to accommodate the physical limitations of the injury.
- Lesser duties: The worker has a reduced workload or may not perform all of the usual range of duties.
- Alternate duties: The worker performs duties outside the scope of his/her original position, but within his/her physical abilities.
- Reduced hours: There is a reduction in the total number of normal work hours in order to accommodate the limitations of the worker.

Temporary Accommodations as Treatment

The employer may be asked by the health care provider to make certain accommodations to the worker's job as part of the treatment process. These accommodations may include:

- Work Hardening: Work duties may be used as part of a conditioning and strengthening process. The work is designed to progressively improve the worker's physical ability until he/she is able to perform regular job duties. Work Hardening is best done at the work site and, if possible, under the direction of a qualified health care provider.
- Graduated Return-To-Work Program: Work accommodations are made to allow the worker to return to work as soon as physically possible and to gradually resume regular duties as recovery permits.

Permanent Accommodations

For the worker who sustains a permanent disability that prevents him/her from ever resuming pre-accident duties in their entirety, the employer may make permanent accommodations to return the worker to employment. These may include:

- Modified Job: Employers can make permanent modifications to the worker's pre-accident job duties in order to meet the limitations of the workplace injury. This may include modifications to the work station.
- Alternate/New Job: For workers with limitations preventing them from performing their pre-accident job, employers can make accommodations by offering them new positions, within their functional abilities and skill level.

If returning to work with the pre-accident employer is not reasonable, despite every effort, a Vocational Rehabilitation Counsellor at the Workers' Compensation Board may assist eligible workers in developing alternate employment options that are suitable and reasonably available in the worker's home area.



Mainland Nova Scotia
 5668 South Street
 PO Box 1150
 Halifax, NS B3J 2Y2
 Phone: (902) 491-8999
 Toll-free: 1-800-870-3331
 Fax: (902) 491-8001

Cape Breton
 Medical Arts Building
 336 Kings Rd., Suite 117
 Sydney, NS B1S 1A9
 Phone: (902) 563-2444
 Toll-free: 1-800-880-0003
 Fax: (902) 563-0512

Physician's Report - 8/10
 Visit and Initial Report _____
 Visit and Follow-up Report _____

TO BE COMPLETED WHEN REQUIRED - PLEASE TYPE OR WRITE LEGIBLY

Client's Surname: _____ Given Name: _____ Claim Number: _____

Address (including postal code): _____ Phone Number: _____ Date of Birth: D: __ M: __ Y: __

Employer's Name: _____ Social Insurance Number: _____

Address (including postal code): _____

_____ Phone Number: _____ NS Health Card Number: _____

Occupations/Type of Work: _____
 Date of Visit: D: __ M: __ Y: __
 Date of Injury: D: __ M: __ Y: __

1. SUBJECTIVE: *Mechanism of injury, presenting complaint and related symptoms:* _____

2. OBJECTIVE: *Clinical Findings:* _____

3. What type of work can be performed? (*see reverse*)
 Sedentary [] Light [] Medium [] Heavy [] Very Heavy []

Describe Additional Work Restrictions: _____

4. DIAGNOSIS: _____ 5. PROGNOSIS: _____

6. Treatment given: _____

7. Follow up planned: _____

8. Are you the first treating physician? Yes [] No [] If No, who? _____ When? _____

9. X-ray taken? Yes [] No [] Part of the Body: _____

Hospital: _____ When? _____

10. Referred to physiotherapy? Yes [] No [] Where? _____

11. Admitted to Hospital? Yes [] No [] Where? _____ When? _____

12. Referred to another physician? Yes [] No [] Who? _____ When? _____

13. Do you wish to discuss this case with a WCB physician? Yes [] No []

Do you wish to discuss this with a WCB case worker? Yes [] No []

14. Was there a similar problem in the past? Yes [] No [] If yes, when? _____

15. Describe any past problems and/or state any additional comments of interest that may affect recovery:

I certify that this is a complete and accurate report. The fees charged are in accordance with the MSI fee schedule and I have received no prior payment. I have read the reporting responsibilities on the back.

Signature of Physician: _____ Phone Number: _____

Physician's Name: _____ Date: _____

Address: _____ Doctor's # _____

WCB Accident Report

PLEASE READ CAREFULLY BEFORE COMPLETING THE REPORT OF ACCIDENT FORM

Note: This form must be completed by both the employer and the injured worker and forwarded to the Workers' Compensation Board within five business days of the accident or occupational disease being reported to the employer. Failure to do so could result in penalties being imposed. If, due to the seriousness of the injury, the worker is not able to sign this form, forward the Report of Accident to the WCB within five business days, unsigned by the worker.

To be read by both employers and workers:

- Upon registration of the claim with the WCB, the worker will receive a brochure outlining the worker's rights and responsibilities and providing additional general information.
- The earnings information provided on the WCB Accident Report will normally be used in establishing the benefit rate. The Board may request additional earnings information from both the worker and the employer to determine a more accurate rate. Benefits provided by the employer or the Canada Pension Plan will affect the amount the WCB pays. Please report actual earnings.
- You are encouraged to forward the Report of Accident by fax. If you do so, please do not forward this form by mail as well.
- If there is insufficient space to complete any questions on the Report of Accident, please attach a separate sheet indicating the question number.
- **NOTE: It is an offense to knowingly submit false or misleading information to the Board.**



5668 South Street
P.O. Box 1150
Halifax, Nova Scotia
B3J 2Y2
Local: (902) 491-8999
Toll Free: 1-800-870-3331
Fax: (902) 491-8001

Medical Arts Bldg.
336 Kings Rd., Ste. 117
Sydney, Nova Scotia
B1S 1A9
Local: (902) 563-2444
Toll Free: 1-800-880-0003
Fax: (1-902) 563-0512

WCB Accident Report - 07/99
50M

WCB Accident Report

WCB Office Use Only

Firm No: _____	Division No: _____	Client ID: _____
		Claim No: _____
		ISU: _____

Please type or print clearly in ink.

Company Name: _____	Contact Person: _____
Firm No. If above number is incorrect: _____	Phone No: _____
Trade Name: _____	Fax No: _____
Location of Plant: _____	Email Address: _____
_____	Type of Business: _____

A. PERSONAL INFORMATION

Worker's Name: _____

Last	First	Middle
------	-------	--------

Home Address: _____

Mailing Address: _____

(if different from above) _____

Phone No: _____

Other Phone No: _____

NS Health Card No: _____

Date of Birth: (D/M/Y): ___/___/___ Male ___ Female ___

Social Insurance No: _____

Out-of-Province Health Card No: _____

Occupation: _____

**B. ACCIDENT INFORMATION: To be completed by employer and worker. (Use extra pages if necessary.)
If there is a difference of opinion, please submit details on a separate sheet.**

- | | |
|--|---|
| <p>1a. Was the injury or occupational disease the result of a specific accident or did it occur over a period of time?
Specified Accident: Yes ___ No ___ If yes, date and time:
(D/M/Y) ___/___/___, ___:___ am ___ pm ___
Period of time: Yes ___ No ___ If Yes, you may be contacted for further information.</p> <p>1b. Is this is a recurrence of a previous injury/occupational disease? Yes ___ No ___
If Yes, provide date of previous injury/occupational disease: (D/M/Y) ___/___/___
Claim No: _____</p> <p>2a. To whom was the injury or occupational disease reported:
Name: _____
Title: _____
Phone No: _____</p> <p>2b. Date and time reported to employer:
(D/M/Y) ___/___/___, ___:___ am ___ pm ___</p> | <p>2c. Was there a delay of more than a day in the worker reporting to the employer?
Yes ___ No ___ If yes, explain: _____

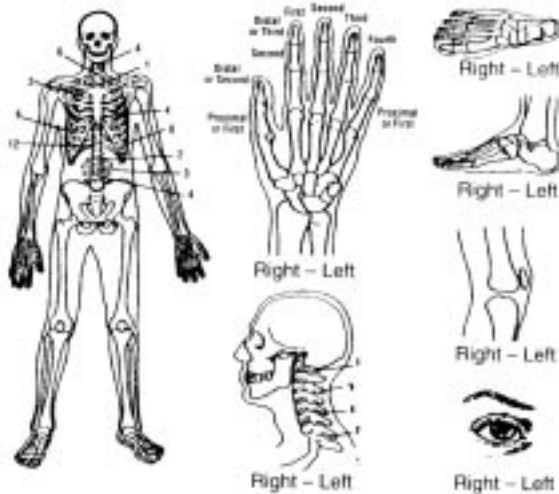
_____</p> <p>2d. Was there a delay (ie., more than five [5] business days) in the employer filing the accident report to the WCB?
Yes ___ No ___ If Yes, explain: _____

_____</p> <p>3. Has the worker lost earnings because of this injury or occupational disease? Yes ___ No ___
If Yes, give date and time earnings loss started:
(D/M/Y) ___/___/___, ___:___ am ___ pm ___</p> |
|--|---|

WCB Accident Report

4a. Indicate body area(s), right or left side, and injury(s) sustained:

4b. Indicate on chart the site(s) of injury:



5. Describe injury and list weights, distances and movements involved. If the claim is for an occupational disease, list all exposures to noise, chemical agents, etc. and the duration of the exposure. Use a separate sheet if necessary.

6a. Where did the accident or occupational disease occur? (i.e. name and address of location)

6b. If the accident took place at sea, give the name of the vessel: _____

Date the worker reached shore: (D/M/Y) ___/___/___

7. Have there been any previous injuries or diseases to this part of the body?

Yes ___ No___ If Yes, explain: _____

8. Did any person or factor outside the employer's business cause or contribute to the injury or occupational disease? Yes ___ No ___

If Yes, explain: _____

9. Give names, addresses and telephone numbers of two people who witnessed the accident, if possible:

Name: _____

Address: _____

Phone No: _____

Name: _____

Address: _____

Phone No: _____

10. Give full name, address, telephone number and date of the first doctor or hospital to see the worker:

Name: _____

Address: _____

Phone No: _____

Date seen: (D/M/Y) ___/___/___

11. Was there any delay in the worker seeking medical attention? Yes ___ No ___

If Yes, explain: _____

12. Is this a unionized environment? Yes ___ No ___

Is the worker a member of this union? Yes ___ No ___

If Yes, who is the union contact? _____

Contact's phone no: _____

13. Is the worker an owner, proprietor or an officer of the company? Yes ___ No ___

WCB Accident Report

C. EARNINGS/EMPLOYMENT INFORMATION
To be completed by Employer if the worker has any earnings loss.

14a. List the worker's gross earnings (including overtime) for the four weeks **prior to the loss of earnings**, and the number of days worked each week. If the worker has not been employed for four weeks, provide the shorter period of earnings.

Week	FROM			TO			# of days lost & unpaid	# of days/hours worked	Actual Gross Earnings
	Day	Month	Year	Day	Month	Year			
1								/	
2								/	
3								/	
4								/	

- 14b. If less than four (4) weeks of earnings are available, please indicate average earnings for an employee in the same grade of work: \$ _____ per week
- 14c. If less than four (4) weeks of earnings are available, please indicate what the expectation of earnings were for the worker: \$ _____ per week
15. Has the worker been employed with you for the 12 months preceding the earnings loss? Yes ___ No ___
 If Yes, give the gross actual earnings for the 12-month period immediately before earnings loss, and the days lost and unpaid in the 12-month period preceding the earnings loss. (This wage information is not required if the worker has already returned to work.)
 Gross Actual Earnings \$ _____
 From: (D/M/Y) ___/___/___ To: (D/M/Y) ___/___/___
 # of days lost and unpaid _____
16. Indicate the Worker's TD1 Code: _____
17. Did the worker receive maternity or paternity benefits during the 12-month period indicated above? Yes ___ No ___
 If Yes, from: (D/M/Y) ___/___/___
 To: (D/M/Y) ___/___/___
 Gross amount: \$ _____
18. Indicate:
 Number of hours scheduled for the last day worked: _____
 Number of hours paid on the last day worked: _____
19. Usual number of days/hours worked per week: _____
 Hours per day: ___ Show usual days of work:
 Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___
 If shift or casual worker, please attach first three (3) weeks of schedule.
- 20a. Employment type(s): Full-time Part-time ___
 Self-employed ___ Seasonal ___ Casual ___
 Sub-contractor ___ Other: please explain: _____
- 20b. Date employment began with you:
 (D/M/Y) ___/___/___
- 20c. Is the worker permanently employed? Yes ___ No ___
 If No, indicate date of expected termination:
 (D/M/Y) ___/___/___
- 21a. Has the worker returned to work for any temporary period since the accident? Yes ___ No ___ If Yes, give the date(s):
 From: (D/M/Y) ___/___/___ : ___ am ___ pm ___
 To: (D/M/Y) ___/___/___ : ___ am ___ pm ___
 (If more than one period is applicable, please attach a separate sheet.) Indicate the total earnings the worker received for that period: \$ _____
- 21b. **Did the worker return to regular duties?**
Yes ___ No ___
 If Yes, give date and time:
 (D/M/Y) ___/___/___, ___:___ am ___ pm ___
22. Is there alternative employment available for the worker in your place of business (eg. modified or light duties)?
 Yes ___ No ___ Unknown ___
 If Yes, please identify who could be contacted for this information:
 Contact's phone no: _____
23. Will the employer be making any payments to the worker while the worker is off work due to the injury?
 Yes ___ No ___ If Yes, specify type of benefit: _____
 Are the payments because of a collective agreement or employment contract or practice?
 Collective Agreement:
 Yes ___ No ___ Effective Date (D/M/Y) ___/___/___
 Expiration Date (D/M/Y) ___/___/___
 Employment Contract or Practice:
 Yes ___ No ___ Effective Date (D/M/Y) ___/___/___
 Expiration Date (D/M/Y) ___/___/___
 Specify amount \$ _____ per _____
 Or, _____% of gross earnings.
 How long will these payments continue? _____

Employer's Signature: _____ Phone No: _____

D. DECLARATION AND RELEASE

**FOR THIS CLAIM TO BE CONSIDERED FOR BENEFITS,
THIS FORM MUST BE SIGNED BY BOTH THE EMPLOYER AND THE WORKER**

If the worker is not available for signature, Employer please sign and forward to the WCB. **It is unlawful for the employer or worker to knowingly submit false or misleading information to the Worker's Compensation Board. It is unlawful to collect full earnings replacement benefits while working or capable of working.**

EMPLOYER:

I declare that all the information provided by me is true and correct to the best of my knowledge.

Employer's Signature: _____ Title: _____

Date (D/M/Y): __/ __/ __

WORKER:

_____ I declare that I have reviewed this form and all the information is true and correct to the best of my knowledge.

_____ I declare that I have reviewed this form and disagree on one or more points. See separate sheet.

This will also serve the Workers' Compensation Board of Nova Scotia as my release to obtain any information pertaining to my current and prior medical records, examinations, treatments and income as the Board determines is necessary in the adjudication of this claim, from any source including: (a) physicians and other health-care professionals; (b) MSI/Maritime Medical Care Inc., *; and (c) other agencies of government.

Worker's Signature: _____ Date (D/M/Y): __/ __/ __

* The law permits the Board to request any information from Maritime Medical Care Inc. with the worker's consent. If the worker refuses consent, draw a line through (b). However, if consent is refused, the law allows the Board to suspend, reduce, terminate or withhold the workers' compensation during the period of refusal.

Accident Investigation

Priorities

When an accident occurs, it is important to find its cause, not to assign fault.

1. Stabilize the accident site.
2. Care for the injured and the rescuers.
3. Secure the area and preserve the evidence.
4. Contact the workplace's Occupational Health and Safety Committee and/or the Investigation Team and, if required, the Department of Labour and Police.

Investigation Team

The Investigation Team should gather the necessary materials and equipment for the investigation, contact any specialists who should be involved, prepare a tentative action plan and begin the investigation. It may also be quite useful to contact the Nova Scotia Department of Labour, Occupational Health and Safety Division, as they specialize in accident investigation.

Your investigation should involve the following:

1. Take notes and pictures and make sketches of the area that show the location of the injured worker and the equipment involved. Describe the conditions of the accident site and anything else that may be of importance to the investigation.
2. Gather physical evidence. Collect any tools and materials which may need to be examined and weighed.
3. Analyse the evidence. Examine damaged tools and equipment. Check the housekeeping, environment and weather conditions. Check background information such as equipment manuals, procedure manuals, maintenance logs, training records, etc.
4. If you have identified a critical hazard, ensure, at least, that you temporarily put an end to all activities giving rise to the hazard.
5. Interview witnesses separately on the day of the accident. Document these findings in writing. Be calm and stay in a fact-finding mode. Use open-ended questions. Ask each person to tell you what happened. Clarify important points. End each interview on a positive note.
6. Determine the root cause. List the defects in the safety program under each category heading: substandard practices, substandard conditions, job factors, personal factors, safety program, etc. Continue until all causes are known. Then, determine what allowed these unsafe acts and conditions to arise in the first place. This will be the root cause.

7. Analyse the evidence and determine all causes. You should know by this point how the accident happened and what the immediate causes were. To analyse the influence of everything involved in the accident, use the W5 method: Who + What + When + Where + How = Why.
8. Prepare a report to discuss at the Joint Occupational Health Safety Committee meeting.
9. Prepare a final report for the employer that includes:
 - a description of what happened during the accident;
 - recommendations to prevent recurrences; and
 - longer term recommendations to remove the root cause of the accident.

Information pertaining to Occupational Health and Safety requirements and practices may be obtained from the Department of Labour.

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