

SAW/RTW Stay-at-Work / Return-to-Work



PROGRAM MODEL

Manufacturing Safety Alliance of BC

The Manufacturing Safety Alliance of BC, formerly known as FIOSA-MIOSA Safety Alliance of BC, was established in December 2007 to reduce the high injury rate in the food and manufacturing industries. Our mission is to foster commitment among employers to reduce the injury rate in all applicable areas. Our vision is to promote industry leadership in health and safety.

The Manufacturing Safety Alliance of BC strives to accomplish our mission and vision through the delivery of a variety of core services including:

- Training in areas such as occupational health and safety (OHS) leadership, program building, and auditing
- Consultation and Advisory Services
- The certifying partner for the Occupational Safety Standard of Excellence (OSSE) in partnership with WorkSafeBC

For further information, visit: www.safetyalliancebc.com

Disclaimer

This course manual is intended solely for internal use as an awareness and information guide. It is not intended as a statement of the standards required in any particular situation, nor is it intended that this workbook should in any way advise anyone concerning legal authority to perform any activities or procedures.

Every effort was made to ensure the accuracy and relevance of this information; however, this material may be subject to change due to various factors. These factors may include regulatory or interpretive changes, and a need to adapt the material to unique situations or procedures.

Nothing in this package and the course program absolve participants from using their sound judgment in the appropriate application of the material learned.

Prepared by the Manufacturing Safety Alliance of BC

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Overview

The following Stay-at-Work/Return-to-Work (SAW/RTW) process model is driven by the need to reduce unnecessary work absence, job loss, and associated negative consequences when employees experience health-related incidents that affect their ability to perform their usual jobs. The SAW/RTW process provides employees with health-related incidents the financial, social and psychological benefits and stability of remaining in the workforce. This model is based on the belief that you don't get better and then go back to work; you go back to work to get better.

The American College of Occupational and Environmental Medicine (ACOEM) Stay-at-Work and Return-to-Work Process Improvement Committee, chaired by Dr. Jennifer Christian, developed a report entitled "Preventing Needless Work Disability by Helping People Stay Employed". The ACOEM report describes the SAW/RTW process and how it helps working people improve the outcomes of both work-related and non-occupational disability programs.

To increase awareness and encourage implementation of the ACOEM report's recommendations throughout North America, the 60 Summits Project was established. The 60 Summits Project encouraged stakeholders in Canada and the USA to hold Summits in their jurisdictions to discuss the ACOEM report's SAW/RTW recommendations. One of these Summits, the BC Summit to Prevent Needless Work Disability, was held in Vancouver on November 25th 2008 and resulted in the formation of the BC Collaborative for Health, Productivity and Disability Prevention, which was further organized into 6 task groups.

One of these task groups, the Organization and System-Based Change task group, took the initiative to create a new SAW/RTW model incorporating the ACOEM's 16 key recommendations on preventing work disability. For acknowledgement of all task group members and significant contributors to this SAW/RTW document please refer to appendix 15. A special thanks to Catharine Eckersley, Hon.BA, for preparing this document.

This SAW/RTW process model is not meant to replace any existing disability prevention programs, but is intended for use by organizations to assist in the development and implementation of SAW/RTW programs.

In the event that a health-related incident has permanent effects that preclude the return of an employee to pre- incident job duties it is beyond the scope of this model.



Policy statement

A SAW/RTW policy statement is a brief guiding declaration confirming the organization's commitment to the program and explaining the organization's SAW/RTW philosophy. The policy statement is part of the broader occupational health and safety policy document.

For example:

(Company name) is committed to providing a safe and healthy working environment for employees. The Stay-at-Work/Return-to-Work (SAW/RTW) program has been established for employees who are unable to perform full duties due to a health-related incident (i.e. medical illness or injury) regardless of whether the incident was work-related or non-work related. This SAW/RTW program is an extension of (Company name)'s commitment to accommodating employees through early intervention and the provision of temporary, alternative, productive and meaningful work.

If the employee is not able to continue with full duties, the program provides opportunities to perform the regular job with modifications to duties or hours, or, when available, to perform alternate temporary work that meets the employee's capabilities.

(Company name) and its employees are committed to co-operating and participating in the SAW/RTW program.

Signed and dated by Senior Management

Scope

The SAW/RTW program is meant to facilitate employees' recovery and stabilization from all health-related incidents, work related or not, that impact their ability to perform their regular jobs.

All employees are eligible for the SAW/RTW program, including:

- Management
- Unionized employees
- Non-unionized employees

The scope of this SAW/RTW model is temporary accommodation until the employee gets better with the ultimate goal of going back to regular duties. If the accommodation is to be permanent or if they never return to their pre- injury duties, they will be beyond the scope of this program.

Goal, objectives and outcomes

The overall goal of the SAW/RTW program is to prevent needless work disability for any employee with a health- related incident by providing the financial, social and psychological benefits and stability of remaining in the workforce. Research has shown that the recovery or stabilization time for employees is shortened when they are actively involved in the workplace. Minimizing time away from work positively impacts the employee's morale and stability and reduces compensation costs.

The SAW/RTW program is a proactive way for employers to provide support and assistance to employees who have experienced a health-related incident so they can stay at work or return to productive and safe employment as soon as possible. It is based on the philosophy that many employees can safely perform productive work during the recovery process. Returning to work is part of the employee's therapy, recovery, or stabilization process. Effective SAW/RTW programs are initiated when the employee first contacts the employer or supervisor or there's a noticeable change in the employee's ability to perform full duties due to a health-related incident. At this time, an early intervention procedure can be initiated to determine if the employee is capable of staying at work performing regular duties or modified duties. The SAW program is an effective tool to ensure recovery or stabilization occurs while the employee is still performing meaningful and productive work. In many cases, this prevents any time loss from work. If the employee does need time away from work, the RTW part of the program will help reintegrate the employee into the workforce much earlier.

The objective of this SAW/RTW program is to ensure that all internal and external stakeholders work together to:

- Reduce the number of days lost or time away work due to health-related incidents.

- Lessen the financial and emotional impact of the health-related incident on the employee by
- Intervening early for a safe and timely return to work.
- Educate employees about the SAW/RTW program.
- Reduce the number of future health-related incidents through a healthy and safe workplace.
- Comply with all legislation including:
 - Workers Compensation Act (<http://www.worksafebc.com>)
 - OHS Regulation (<http://www2.worksafebc.com/publications/OHSRegulation/Home.asp>)
 - Canadian Human Rights Act (<http://laws.justice.gc.ca/en/H-6/index.html>)
 - Personal Information Protection and Electronic Documents Act (PIPEDA) (<http://laws.justice.gc.ca/en/P-8.6/>)- Personal Information Protection Act (PIPA) (http://www.oipc.bc.ca/legislation/PIPA/Personal_Information_Protection_Act.htm)
 - BC Human Rights Code (http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96210_01)

SAW/RTW programs have been shown to:

- Facilitate the recovery or stabilization process of employees.
- Limit the impact of functional impairment on employees' ability to perform their regular jobs.
- Prevent the loss of valuable employees.
- Minimize impact of health-related incidents on productivity.
- Reduce the financial costs of health-related incidents.
- Positively impact insurer premiums.
- Positively influence WorkSafeBC experience ratings, classification unit base rates, and premiums.
- Provide a process to effectively manage health-related incidents.

Chapter 1

Roles and responsibilities

A number of people may become involved in the SAW/RTW program. The roles and responsibilities of each person will vary depending on the extent and nature of the health-related incident and its effect on the employee's ability to stay at work or return to work. For example, a sprained ankle injury may involve the employee, supervisor, employer, and the employee's health care provider. In contrast, a diagnosis of a chronic degenerative disease will involve a much greater number of people including the employee, supervisor, employer, multiple health care professionals, insurance representatives, counselors, and union representatives.

Appendix 2 contains examples of the potential roles and responsibilities of those involved with the SAW/RTW process in relation to the nature of the health-related incident and the employee's progress through the program.

Both internal and external stakeholders must be in communication with each other (where possible and necessary) to co-ordinate their efforts in the SAW/RTW process, prevent any foreseeable problems, and quickly resolve any issues that arise.

Internal Stakeholders

Employer Responsibilities

1. Develop written SAW/RTW policies and procedures. Support the availability of alternate or modified duties through the SAW/RTW program.
2. Develop a clear communication strategy at all levels.
3. Communicate to insurers that the organization has a SAW/RTW program and keep documentation of correspondence related to the program.
4. Educate all employees about the SAW/RTW program.

5. Ensure SAW/RTW program policies and procedures are readily available to all employees by posting them in an accessible place or distributing them in print.
6. Promptly report all employee absences to the appropriate insurer, where applicable.
7. Develop, implement, and communicate with appropriate stakeholders a problem resolution process.
8. Retain all program documentation for the number of years required by applicable legislation.
9. Prepare the Physical/Cognitive/Psychosocial Demands Information Form (appendix 12) for the employee to take to a health care provider, if required.
10. Communicate the functional job description of the employee to his or her health care provider, if required.
11. Comply with all legislation including, but not limited to Human Rights Legislation that implies that:
 - a. Employees cannot be terminated or treated differently due to a disability (physical or mental, actual or perceived) without the employer first taking steps to accommodate that disability to the point of undue hardship, unless the nature and extent of the physical disability or mental disability reasonably precludes performance of a particular employment or activity. In addition, this duty to accommodate generally covers personal illness not related to the job. This protection ensures that an employer cannot terminate an employee simply because the employee is ill.
 - b. Accommodation is any change or adaptation to the work, hours of work, work duties or workplace, and includes the provision of equipment or assistive devices.
12. Perform both continuous and annual evaluations and make any necessary changes to the SAW/RTW program.
13. Communicate changes to the SAW/RTW program to all stakeholders.
14. Perform both continuous and annual evaluations review
 - a. Make any necessary changes to the SAW/RTW program
 - b. Notify all stakeholders of any changes
 - c. Delegate evaluation reviews to SAW/RTW Coordinator (if applicable)

Employee's Supervisor (or designate) Responsibilities

1. Understand the SAW/RTW program policies and procedures.
2. Be able to modify job duties/tasks, worksite or scheduling as required to accommodate employees who are unable to perform their regular job duties/tasks due to a health-related incident.
3. Work with the SAW/RTW coordinator to identify alternate duties and assign them to employees.
4. Assist the SAW/RTW coordinator and employee in developing a SAW/RTW plan.
5. Regularly communicate with employees engaged in the SAW/RTW program.

SAW/RTW Coordinator Responsibilities

1. Develop, implement, and monitor SAW/RTW plans.
2. Understand the SAW/RTW program policies and procedures.
3. Be trained in SAW/RTW programs and be informed regarding pertinent, current legislation and policy, including privacy legislation and policy related to the collection, protection, retention and sharing of confidential information.
4. Be knowledgeable about the hazards and risks associated with all job tasks.
5. Establish a bank of alternate duties.
6. Be able to identify and suggest temporary alternative or modified tasks to supervisor/employer.
7. Be aware of services and resources available to the employee to aid in his/her recovery or stabilization process.
8. Support the employer in educating employees about the SAW/RTW program.
9. Monitor all the participating parties to ensure they are fulfilling the program goals.
10. Perform continuous and annual evaluations of the SAW/RTW program as assigned by the employer.
11. Collaborate with all insurers throughout the SAW/RTW process.

First Aid Attendant Responsibilities

1. Understand the SAW/RTW program policies and procedures.
2. Be responsible, and have full authority, for all first aid treatment of employees until responsibility for treatment is accepted.
3. Comply with employee decisions regarding seeking medical treatment and making medical decisions.
4. Refer employees to the SAW/RTW coordinator for early intervention.

Employee Responsibilities

1. Understand the SAW/RTW program policies and procedures.
2. Communicate any inability to perform job duties/tasks to the employer as soon as possible.
3. If medical attention is necessary, inform the health care provider that SAW/RTW opportunities are available.
4. Complete required documentation to the appropriate insurer, where applicable.
5. Take an active role in developing and participating in the SAW/RTW plan.
6. Participate in scheduled contact with the employer/supervisor as set out in the SAW/RTW plan.
7. Report any concerns (i.e. difficulty with tasks) with the SAW/RTW plan to the supervisor so that they may be addressed promptly.
8. Maintain contact with the employer throughout the recovery or stabilization period.

9. Obtain the necessary documentation from the treating health care provider as required.

External Stakeholders

Insurer Responsibilities

1. Understand the SAW/RTW program policies and procedures.
2. Encourage and actively assist employers and employees in developing and implementing
3. SAW/RTW plans.
4. Support the organization in achieving the objectives of their SAW/RTW program.
5. Assist the organization and employees, when necessary, through the SAW/RTW process.
6. Recommend and arrange medical or rehabilitation interventions when intervention may expedite an employee's return to productive work.
7. Maintain communication with the organization, and employees and their health care providers.
8. Report any concerns regarding a SAW/RTW plan to the employer or designate so they can be addressed promptly.
9. Offer mediation services when a dispute arises regarding the SAW/RTW program.

Health Care Provider(s) Responsibilities

1. Understand the SAW/RTW program policies and procedures.
2. Provide appropriate, effective health care that facilitates recovery or stabilization and expedites return to productive work.
3. Understand the SAW/RTW program policies and procedures.
4. Collaborate with the employer and employee in the SAW/RTW process.
5. Provide timely information on the employee's functional abilities to all parties requiring information (i.e. the company, employee, or insurer).

Union/Employee Representative Responsibilities

1. Understand the SAW/RTW program policies and procedures.
2. Support and participate in the development of the SAW/RTW program.
3. Promote participation and support employees in the SAW/RTW plan.
4. Collaborate with the employer in the SAW/RTW process.
5. Participate in the problem resolution process.

Nurse Advisor Responsibilities (WorkSafeBC- for work-related health events)

1. Facilitate the timely return of the employee to safe and appropriate work.
2. Understand the SAW/RTW program policies and procedures.
3. Collaborate with employees, employers and health care providers to help in the development of SAW/RTW plans.

4. Apply principles of disability management and evidence-based best practice guidelines to ensure a safe and timely SAW/RTW process and promote the best possible recovery.
5. Provide information about WorkSafeBC- sponsored rehabilitation programs and Health Care benefits, such as policy 34:11. For more information review the WorkSafeBC Board's policy for selective/light employment in policy item #34.11 of the Rehabilitation Services and Claims Manual ([http://www.worksafebc.com/regulation and policy/policy decision/panel_ decisions/2000/mar_16/law_00_01_21_05.asp](http://www.worksafebc.com/regulation%20and%20policy/policy%20decision/panel_decisions/2000/mar_16/law_00_01_21_05.asp)).
6. Support and facilitate continuity of care and services throughout the rehabilitative or stabilization process.

Chapter 2

Procedures and processes

Please see appendix 14: SAW/RTW Process Flowcharts for visual representations of processes.

1. The SAW/RTW process is triggered when a health-related incident or a decline in the performance level of an employee raises the question of whether the employee can do his/her usual job.
2. If required, the employee will seek and receive medical care.
3. The employee, or someone on the employee's behalf, will notify the employee's supervisor or employer as soon as possible.
4. If the health-related incident or decline in performance level occurred:
 - a. At work, the supervisor will:
 - i) Follow company requirements for reporting work-related health-related incidents,
 - ii) Complete an incident investigation report,
 - iii) Notify appropriate insurer and maintain communication with them (Please see the process for initiating a WorkSafeBC claim in the Communications Section of this document on page 21), and
 - iv) Develop a Prevention Action Plan to prevent a reoccurrence.
 - b. Outside work, the supervisor will:
 - i) Follow company requirements for reporting non-work-related health-related incidents,
 - ii) Notify the appropriate insurer and maintain communication with them.
5. The employee, employee's supervisor, the SAW/RTW Coordinator, and/or designate should meet as soon as possible to:
 - a. Determine any limitations in the employee's ability to perform his/her usual tasks, focusing more on abilities than limitations.
 - b. Notify the employee of services/resources available to aid in recovery.
 - c. Determine if the employee can SAW/RTW or should go/stay at home.
 - i) If the employee can be safe doing his/her usual job or can make any necessary modifications, he/she should be able to stay at work.

- ii) If the employee is able to do modified or alternate work that is “medically safe and does not delay recovery”, the employer will provide meaningful modified or alternate work. (Please refer to appendix 1 and appendix 12 to reference sample modified tasks and sample processes for determining capabilities that will be used in developing a SAW/RTW plan).
 - iii) If participation in the SAW/RTW program is not an option, and the employee cannot perform any form of work in any capacity, the employee will remain off work until the situation changes or accommodations can be made. The employee needs to be regularly assessed by health care professionals to monitor the employee’s progress and compliance with appropriate treatment throughout this period. In this case, the organization’s sick leave policy or short term disability (STD) policy requirements should be consulted.
- 6. If the employee is able to perform modified work, the employer and employee will agree on meaningful and productive temporary duties. A SAW/RTW plan will be developed in collaboration with the SAW/RTW Coordinator/supervisor or designate. Please refer to appendix 10 for a sample SAW/RTW plan.
 - a. If the employee is able to perform the modified tasks without seeking medical attention, he/she will perform the modified duties. The organization’s sick leave policy or STD policy may have applicable requirements.
 - b. If medical attention is necessary, the employee will take the Functional Abilities Form, Physical/Cognitive/Psychological Demands Information Form, an updated job description, and letter addressed to the physician detailing the SAW/RTW program to determine if there is any evidence to support medical contraindication of performing the proposed tasks. Keep the insurer up to date on medical assessment and available modified tasks.
 - i) If no contraindication is indicated then employee can participate in the previously agreed to modified tasks.
 - ii) If contraindication is indicated that cannot be resolved with changes to the existing SAW/RTW plan, the employee will not return to work at this time. The process will return back to step 5.c.iii).
- 7. The SAW/RTW coordinator and the employee’s supervisor will maintain contact with the employee and will make any necessary modifications to tasks if the employee reports any difficulties.
- 8. Recover or not recover:
 - a. Once the employee has recovered and returned to pre-incident job tasks, and thereby completed the SAW/RTW program, the employee and the supervisor will complete the appropriate SAW/RTW Program Effectiveness Forms (appendixes 6 and 7) and submit them to the SAW/RTW coordinator.

- b. If the employee does not recover fully, is unable to return to pre-incident duties and requires permanent modifications to his/her job and/or job tasks, the policy and procedures involved are beyond the scope of this model.
- 9. Annually the employer will conduct an evaluation of the SAW/RTW program by:
 - a. Conducting an audit on the SAW/RTW program (see appendix 16).
 - b. Completing the SAW/RTW Program Evaluation Statistics Form (appendix 5). c. Presenting the findings and suggested improvement to senior management. d. Making approved improvements.
 - c. Publicizing the annual SAW/RTW Program Evaluation Report.
 - d. Notifying employees of the annual SAW/RTW Program Evaluation Report and any changes made to the SAW/RTW program.

Chapter 3

Communication, training & implementation

The success of the SAW/RTW program depends on everyone involved in the process being fully informed about the program.

SAW/RTW Communication Process

All employees must be trained on the SAW/RTW program elements so that they understand the benefits of the program and how it functions.

An information package outlining the SAW/RTW program will be developed and distributed to all employees, management, and unions within the organization. The information package could include:

- Notification to employees and management of the recent implementation of a SAW/RTW program.
- Overview of what the SAW/RTW program is and why it is needed.
- Notification of training.

Orientation for New Employees

All new employees must receive the SAW/RTW program information package and training during their orientation.

Training

All managers, employees, and unions must receive training when the SAW/RTW program is first implemented and annual refresher training. The purpose of the refresher training is to update employees on program changes and the results of annual program assessments.

The initial training for management should consist of:

- A technical training session covering:
 - What a SAW/RTW Program is.
 - Why a SAW/RTW Program is needed.

- How the SAW/RTW Program fits with other policies and procedures.
- Reporting requirements under relevant regulations, legislation and policies such as the Workers
- Compensation Act, sick leave policy, insurance agreements, and collective agreement.
- The SAW/RTW Process Flowchart (appendix 14).
- How to approach employees who may benefit from the SAW/RTW program.
- How to identify temporary alternate duties for employees.
- Privacy legislation.
- How the SAW/RTW program benefits employees and management.
- A question and answer period.
- A practical training component to demonstrate understanding could include:
 - Examples of the process used for simple injuries/colds versus more serious circumstances like chronic diseases/impairment.
 - Examples of simple temporary modified duties and more complicated permanent modifications.

The initial training for employees should include:

- A technical training session covering:
 - What a SAW/RTW Program is.
 - Why a SAW/RTW Program is needed.
 - How the SAW/RTW Program fits with other policies and procedures.
 - What and who is involved in the SAW/RTW program.
 - The reporting requirements under the Worker's Compensation Act.
 - The SAW/RTW process/flowchart (appendix 14).
 - Related privacy legislation.
 - How the SAW/RTW program benefits employees and management.
 - A question and answer period.
 - Participation tools, such as workbooks, should be completed during the training session.

The annual refresher training for employees, management, and unions could include training content such as:

- A review of what the SAW/RTW program is.
- A review of why the SAW/RTW program is needed.
- A review of the process/flowcharts with examples.
- A review of privacy legislation related to the SAW/RTW program (see appendix 13).
- Notification of any changes made to the SAW/RTW program as a result of the SAW/RTW evaluations and assessments.
- A question/answer period.

- Follow-up processes to ensure questions and inconsistencies are addressed.

Privacy

All internal and external stakeholders need to be educated on both federal and provincial privacy issues related to the SAW/RTW program, as required. Please refer to relevant legislation including <http://laws.justice.gc.ca/eng/P-8.6/page-1.html> for the federal Personal Information Protection and Electronic Documents Act (PIPEDA) and http://oipc.bc.ca/legislation/PIPA/Personal_Information_Protection_Act.htm to see the Personal Informational Protection Act (PIPA) for BC. A link to the BC Freedom of Information and Privacy Protection Act (FIPPA) can be found at:

http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00

Health Care Providers

All involved health care providers must be informed about the SAW/RTW program. (A sample letter is included in appendix 8). The employer should also communicate with health care providers as needed to let them know about changes and to clarify any issues.

Insurers

All applicable insurers need to be notified of the employer's SAW/RTW program. This can be accomplished by sending a letter (appendix 11) and information package outlining the SAW/RTW program to the insurers. The employer will communicate with insurers to notify them of any changes, to clarify any questions or issues, and to keep them up to date on the progress of any employees in the SAW/RTW process.

WorkSafeBC

The employer's SAW/RTW program needs to be communicated to WorkSafeBC. This can be achieved by sending WorkSafeBC a letter (see appendix 11) and by providing them with an information package outlining the program. Communication with WorkSafeBC should include nurse advisors, client service representatives, entitlement officers, and case managers assigned to the employer. Additional documentation must be provided when required.

If medical attention is sought by the employee for a work-related injury, he or she must contact employer to initiate the WorkSafeBC claims process outlined on the WorkSafeBC website at

http://www.worksafebc.com/claims/report_injury/default.asp

Employer's responsibilities when an employee is injured at work:

- Report the incident/injury to WorkSafeBC within three business days of the injury's occurrence or within three business days of becoming aware of the injury.
- Submit an Incident and Injury Report (electronic Form 7) or complete and send the Employer's Report of Injury or Occupational Disease (Form 7) to WorkSafeBC. View the

benefits of submitting your report online at

http://www.worksafebc.com/claims/assets/online_services_bulletin.pdf.

- Report fatalities and serious injuries immediately to the Prevention Emergency Line at 604.276-3301 in the Lower Mainland or toll-free 1 888 621-7233.
- If the employee misses work time as a result of his or her injury, ensure that he or she calls the Teleclaim Contact Centre at 1 888 WORKERS (1 888 967-5377) http://www.worksafebc.com/contact_us/teleclaim/default.asp as soon as possible to report the injury to WorkSafeBC. Otherwise, ensure that he or she completes an Employee's Incident and Injury Report or sends an Application for Compensation and Report of Injury or Occupational Disease (Form 6) to WorkSafeBC.
- Bear the cost of the employee's transportation from the workplace to his or her health care provider's office or medical facility.
- Employers must not discourage employees from reporting injuries or diseases to WorkSafeBC.

Employee's responsibilities if injured at work:

- Report the injury to the employer immediately. Seek medical attention. If you need an ambulance or transportation from your workplace to your health care provider's office or the hospital, your employer is required to pay those costs. Inform health care providers that the injury is work-related.
- Report the injury to WorkSafeBC as soon as possible. If work is missed as a result of the injury, contact the Teleclaim Contact Centre. Complete an Employee's incident and injury report or an Application for Compensation and Report of Injury or Occupational Disease (Form 6) as required by WorkSafeBC.

Health Care provider's responsibilities if an employee is injured at work

Complete and submit a Physician's Report

(http://www.worksafebc.com/forms/assets/pdf/8_11.pdf) within three days of an employee reporting an injury or disease that may be work-related.

Chapter 4

Evaluation

Each employee and supervisor who has engaged in the SAW/RTW process will independently complete an evaluation at the end of the SAW/RTW process (see appendices 6 and 7 for sample SAW/RTW program effectiveness evaluation forms).

An internal evaluation of the SAW/RTW program will be completed at the end of each year (see appendix 16 Manufacturing Safety Alliance of BC's Injury Management/RTW OSSE Audit Tool and appendix 5 Sample SAW/RTW Program Evaluation Statistics Form). The employer (or employer designate) will complete the evaluation and present it to senior management.

An external evaluation will be completed every three years.

The purpose of these evaluations is to determine if the objectives of the program are being met, and to compare statistics against the previous year to see where improvements have been made and where they need to be made.

An audit process is the recommended approach for effective evaluation. All aspects of the program need to be evaluated, including:

- Senior Management Commitment
 - Policy
 - Accountabilities
 - Resources
 - Involvement
- Organizational Arrangements
 - SAW/RTW Program committee (if assigned)
 - Communication
 - Data collection
 - Education & training

- Evidence-based Planning
 - SAW/RTW Plans
 - Action priorities
 - Resource allocation

The results of the evaluations are used to improve the program, establish better communication between SAW/ RTW parties, and to discover the effectiveness of various interventions. Evaluation results will be publicized and communicated to all levels in the organization, including the Joint Health & Safety Committee, managers and employees.

Glossary

adaptive equipment	Adaptive equipment are devices that are used to assist with completing work activities or tasks.
alternate duties	Alternate work that an employee can do while recovering or stabilizing from a health-related incident. Alternate duties must be meaningful and productive.
audit	A systematic examination and review of the structure and processes in an organization to determine how well the program is meeting its stated goals.
base rate	The rate assigned to all the employers in a classification. The base rate is the rate each industry is charged per \$100 of assessable payroll, based on the risk of injury. The base rate does not include an experience rating adjustment.
best practice	The most efficient (least amount of effort) and effective (best results) way of accomplishing a task, based on repeatable procedures that have proven themselves over time for large numbers of people.
classification unit	When a company registers with WorkSafeBC, it is classified for insurance purposes. Each classification unit contains a homogeneous group of employers who are peers or competitors, and who have similar business activities.
disability	An umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

early intervention	An process in which modified or alternate duties are provided to an employee before any time away from work occurs or early in a period of absence.
employee	A person employed by an organization, or who has entered into or works under a contract of service or apprenticeship, written or oral, expressed or implied, whether by way of manual labour or otherwise.
employer	Any person who has one or more persons working for them in or about an industry, through either a hiring contract or an apprenticeship contract. The contract can be written or oral, expressed or implied.
experience rating	A WorkSafeBC plan designed to reward workplace safety. The experience rating plan provides discounts of up to 50 per cent and surcharges of up to 100 per cent on a company's base rate, based on trends in the cost of claims relative to payroll.
functional impairment	An impairment to an employee's ability to function physically or mentally.
health-related incident	Any injury, medical condition, or event (of any degree of severity-acute, chronic, or terminal) that adversely affects an employee's health.
incident	An occurrence which resulted in, or had the potential for causing, a death, injury, occupational disease, or damage to equipment or property.
inspection	An organized examination or formal evaluation exercise. It involves the measurements, tests, and gauges applied to certain characteristics in regard to an object or activity. The results are usually compared to specified requirements and standards for determining whether the item or activity is in line with these.
insurer	A person or company that contracts to reimburse another in the event of loss or damage. This includes life and disability insurance carriers such as WorkSafeBC, Sun Life, and BC Life.

investigation form/report	A document used to report the findings of an incident
modified duties	Duties that have been changed to accommodate an employee's altered abilities. Modifications may include changes to work hours, or work environment, and may involve the use of adaptive equipment.
policy	A senior management statement that guides the program's
premiums	The amount an organization pays for insurance. Premiums are calculated by multiplying the net rate by assessable earnings.
procedure	An established and defined series of steps for performing a work task.
SAW/RTW coordinator	An employee or third-party provider who is assigned the responsibilities of developing, implementing, conducting and overseeing the SAW/RTW program. Actual job titles will vary depending on the organization.
SAW/RTW program	An individualized, planned process to manage the impact of an employee's health-related incident. A SAW/RTW plan specifies if an employee can safely stay at work or return to work with alternate or modified duties, and when the employee can safely resume full duties. SAW/RTW plans have specified end dates.
stabilization period	A period in which an individual adjusts to a reduced level of functioning during recovery from a health-related incident.
Standard	A defined measure of effective performance.
supervisor	A person who instructs, directs, and controls employees in the performance of their duties.

Resources

The following list of resources was used to develop this SAW/RTW process model. These materials may be used to provide additional information to support program implementation.

- American College of Occupational and Environmental Medicine (ACOEM) website (<http://www.acoem.org>)
- Association of Canadian Search, Employment and Staffing Services (ACSESS) (<http://www.access.org/SAFETYGROUPS/PDF/Sample-RTW.pdf>)
- Association of Worker's Compensation Boards of Canada (<http://www.awcbc.org>)
- Canadian Human Rights Act (<http://laws.justice.gc.ca/en/h-6>)
- CMA Policy (2000). Canadian Medical Association. (<http://www.oea-novascotia.org/file/18>)
- FIOSA- Food Industry Occupational Safety Association of BC Return to Work Audit Tool (2010)
- Functional Abilities Form. Workplace Safety and Insurance Board of Ontario (WSIB) ([http://www.wsib.on.ca/wsib/wsibobj.nsf/LookupFiles/FAFFAFJuly2006/\\$File/2647A0706.pdf](http://www.wsib.on.ca/wsib/wsibobj.nsf/LookupFiles/FAFFAFJuly2006/$File/2647A0706.pdf))
- Incident Investigation Report. WorkSafeBC (<http://www.worksafebc.com/forms/assets/PDF/52E40.pdf>)
- Ontario Workplace Safety and Insurance Act: (http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_97w16_e.htm)
- Personal Information Privacy Act (PIPA) of BC (http://oipc.bc.ca/legislation/PIPA/Personal_Information_Protection_Act.htm)
- Personal Information Protection and Electronic Documents Act (PIPEDA) (<http://laws.justice.gc.ca/en/P-8.6/>)
- Preventing Discrimination. Canadian Human Rights Commission (http://www.chrc-ccdp.ca/preventing_discrimination/page1-en.asp)
- Preventing Needless Work Disability by Helping People Stay Employed (2006) American College of Occupational and Environmental Medicine (ACOEM) (<http://www.acoem.org/guidelines.aspx?id=566>)
- "A Shared Responsibility" Return to Work Self-Assessment Guide for Ontario Workplaces, Workplace Safety and Insurance Board of Ontario (WSIB) ([http://www.wsib.on.ca/wsib/wsibsite.nsf/LookupFiles/DownloadableFileRTWSelf_AssessmentGuide/\\$File/RTWSelfAssessment.pdf](http://www.wsib.on.ca/wsib/wsibsite.nsf/LookupFiles/DownloadableFileRTWSelf_AssessmentGuide/$File/RTWSelfAssessment.pdf))

- Rehabilitation Services and Claims Manual Volume II, Chapter 5. Workers' Compensation Board of BC
(http://www.worksafebc.com/publications/policy_manuals/Rehabilitation_Services_and_Claims_Manual/volume_ii/assets/pdf/rscm_ii_05.pdf)
- RTW Benefits to Employers. Yukon Employees' Compensation Health and Safety Board
(<http://wcb.yk.ca/EmployerInformation/CHOICES/BenefitstoEmployers.aspx>)
- When Something's Wrong: Strategies for the Workplace (2007), Canadian Psychiatric Research Foundation. p.81-82
- WHO - World Health Organization. <http://www.who.int/topics/disabilities/en/>
- Wikipedia. <http://en.wikipedia.org/wiki/Inspection>
- Workplace Safety and Insurance Board of Ontario (WSIB) website (www.wsib.on.ca)

Appendix

Appendix 1: Sample modified tasks

Appendix 2: Stay-at-work/return-to-work process escalation levels

Appendix 3: Examples of the variability of medical conditions and their impact on work

Appendix 4: Parallel processes triggered by a health event that affects ability to function

Appendix 5: Sample s SAW/RTW program evaluation statistics form

Appendix 6: Sample SAW/RTW program effectiveness employee evaluation

Appendix 7: Sample SAW/RTW program effectiveness supervisor evaluation

Appendix 8: Sample letter to health care provider notifying them about the SAW/RTW program

Appendix 9: Sample letter for health care provider for employee's modified tasks assessment

Appendix 10: Sample SAW/RTW plan

Appendix 11: Sample letter to insurers notifying them about the SAW/RTW program

Appendix 12: Physical/cognitive/psychosocial demands information form

Appendix 13: Privacy legislation

Appendix 14: SAW/RTW process flowcharts

Appendix 15: Organization and system-based change task group members and acknowledgement of contributors

Appendix 16: Extract from manufacturing Safety Alliance of BC's audit tool

Appendix 1: Sample Modified Tasks

Sample Modified Tasks

- Making the physical work environment accessible (i.e. installing a ramp so they can get into the building from the garage), or moving the employee to a different but equivalent location
- Modifying existing equipment or acquiring new equipment
- Modifying job duties
- Partial work hours on a temporary basis (or permanent, if necessary and feasible)
- Job sharing - exchanging pieces of a job that cannot be performed by the employee with a functional impairment, with another employee - and the accommodated employee takes on some of their responsibilities in return
- Providing qualified readers for visually impaired or interpreters for hearing impaired
- Permanent reassignment to a vacant position of equivalent status and salary that better fits the restrictions
- Special file dividers for a medical person with use of one hand
- A reclining workstation for a person with Thoracic Outlet Syndrome
- Converting a rake handle into a forearm grip handle.
- De-matting device for a dog groomer with arm and back pain
- Supine position/sit/stand workstation for a person with a back injury
- Prone-position work platform mounted on wheels with cutouts for arm clearance was developed to stop employees from being awkwardly bent over while assembling airplanes
- Ergonomic assessments of work area/chair etc
- Voice recognition software
- Having more time to complete tasks
- Working in a quieter location
- Having information written and not just given verbally
- Less interaction with peers

Appendix 2: Stay-at-Work/Return-to-Work Process Escalation Levels

Table 1* displays the escalation levels of the SAW/RTW process, moving from simplest to most complex. The process ends when a definitive answer is reached –the employee will or will not return to work? Medical conditions vary considerably, as do their impact on work.

TABLE 1- The-Stay-At-Work/Return-To-Work Process Escalation Levels

Escalation Level	Who is involved?	How is current work capacity determined?	How are job demands determined (both usual job and alternatives)?	What triggers the actual return to work?
0	Employee	Personal knowledge	Personal knowledge	Personal decision
1	Employee and Supervisor	Discussion	Discussion	Discussion
	Employee and Physician	Discussion RTW note from Physician	Verbal description of usual job	Discussion
2	Employee Physician Claims Adjuster/Case Manager	Formal inquiry Simple physical capacities form completed by MD	List of job's functional demands	Discussion
3	Employee Physician Claims Adjuster/Case Manager Physical Therapist Ergonomist or Vocational Consultant IME Examiner Union Steward	Objective testing Functional capacity evaluation Independent medical opinion	Video of job Ergonomic analysis of job On-site workplace visit	Written offer of employment

*ACOEM- <http://www.acoem.org/guidelines.aspx?id=566>

Appendix 3: Examples of the Variability of Medical Conditions and Their Impact on Work

TABLE 2 - Examples of the Variability of Medical Conditions and Their Impact on Work

Medical condition	A “Cold” or Acute Food Poisoning	Sprained Ankle or Influenza or Asthma Attack	Femur Fracture or Abdominal Surgery or Treatable Cancer or Major Depression	Bipolar Disorder or Multiple Sclerosis or Congestive Heart Failure
Length of time away from work	None/Days	None/Days	Weeks	Weeks/Months
Biological Impairment	Trivial Isolated episodes	Minor Isolated episodes	Moderate Isolated episode May recur	Moderate/Severe Chronic/Recurring May be progressive
Medical care required	None	Single provider 1-2 visits	Usually Some residual Impairment possible	Multiple providers On-going services Relapse prevention required
Likelihood of full resolution	Always	Always	Usually Some residual Impairment possible	Unlikely Fluctuation in functional ability common
Time course of the illness/ condition	Days	Days	Weeks	Months/Years
Career impact	None	Irrelevant	Significant temporary impact (residual, but stable permanent impairment may affect ability to perform essential job functions)	Progressive impairment often affects ability to perform essential job functions long term
Number of other professionals involved	0 – 1	0 - 2	0 - 3	Multiple
SAW/RTW information exchanges required	0 – 1	0 – 1	0 - 3	Multiple

*ACOEM- <http://www.acoem.org/guidelines.aspx?id=566>

Appendix 4: Parallel Processes Triggered by a Health Event that Affects Ability to Function

The SAW/RTW process does not occur in isolation; the process occurs in parallel or is influenced by the following four other well-known processes:

- Personal adjustment process deals with the disruption resulting from illness or injury.
- If the medical situation calls for treatment, the SAW/RTW process occurs in parallel with the medical care process comprising diagnosis and treatment.
- If the initial SAW/RTW process results in the employee staying home and if coverage under one or more disability benefit programs is possible, the disability benefits administration process begins, operating in parallel with SAW/RTW.
- If permanent or long-term alteration of work capacity occurs, the Duty to Accommodate (per Canadian Human rights legislation) process might be triggered. It operates in parallel with SAW/RTW.

TABLE 3 - 5 Parallel Processes Triggered by Health-Related Incident that Affects Ability to Function*

	Personal Adjustment Process	SAW/RTW Process	Medical Care Process	Disability Benefits Administration Process	Duty to Accommodate
Fundamental Issues	Dealing with life disruption: physical logistical financial emotional social psychological Can I cope with this life challenge?	Will this person recover on the job? When is it medically safe to resume normal activity? What adjustments to the usual job will be required & for how long?	What is the diagnosis & prognosis? Is this curable or treatable? What treatment is warranted?	Does this episode qualify under the rules of the plan? Is this person eligible for benefits? How much benefit is due? Is there any evidence of loss of earnings?	Will this change in work capacity be longstanding? Is there an accommodation that can make full productivity possible? Is it "reasonable"?
Participants (Leaders is in italics)	<i>Employee</i>	<i>Employer</i> <i>Employee</i> <i>Treating Clinician</i> <i>Benefit or Claims Agent</i>	<i>Treating Clinician</i> <i>Employee</i>	<i>Benefit or claims agent</i> <i>Employee</i> <i>Health Care provider</i>	<i>Employer</i> <i>Employee</i>

	Personal Adjustment Process	SAW/RTW Process	Medical Care Process	Disability Benefits Administration Process	Duty to Accommodate
Activities	Thinking Feeling Reacting Talking Coping Adapting	(See Table 1) Fact-finding Negotiation Making arrangements	Delivery of medical care services	Fact-finding Data-gathering Claim processing Calculation	Fact-finding Data-gathering Negotiations
Results	Interpretation Decisions/ strategies Possible change in self-concept (identity)	Staying home Staying at work Going back to work New job	Healing Symptom resolution Failure to improve Monitoring	Benefit decisions and exchange of money Claim closure	Employment decision

*ACOEM- <http://www.acoem.org/guidelines.aspx?id=566>

Appendix 5: Sample SAW/RTW Program Evaluation Statistics Form

Evaluation Period	From:	To				
Last Period:	From	To				

Indicator	Cases		Evaluation	Last Period	Difference + / -	Action required
	Occupational	Non-occupational				
Total lost days due to all health-related incidents:						
Lost days due to neck injuries						
Lost days due to back injuries						
Lost days due to shoulder/ arm/wrist/hand injuries						
Lost days due to leg/knee/ ankle/foot injuries						
Lost days due to mental health incidents						
Lost days due to health- related incidents (non- injury and non-mental health)						
Total number of alternative job offers accepted						
Total number of alternative job offers declined						
Injured employee participation in SAW/RTW program (% of injured employees)						
Communication of SAW/ RTW Program (% of employees who knew about it)						
Employee Survey completed (%)						

Appendix 6: Sample SAW/RTW Program Effectiveness Employee Evaluation

1. How did you become aware of the SAW/RTW program? Please tick the most appropriate answer:

- I was not aware of the SAW/RTW program
- My original training/orientation
- Information letter/package circulated when the program was first implemented
- My immediate supervisor told me
- My employer told me
- An employee told me
- SAW/RTW leaflet/poster/document posted at work
- SAW/RTW manual Online/company website Human Resources
- Other (please specify) _

2. Did you understand your role in the SAW/RTW?

- Not at all Sometimes confused Slightly Completely

3. Were you satisfied with the SAW/RTW program

- Dissatisfied Slightly dissatisfied Satisfied Completely satisfied

4. Did your employer provide worksite specific training regarding the Stay-at-Work/Return-to-Work program?

- Yes No

5. During the SAW/RTW process were you assigned temporary/permanent modifications to your tasks/duties/work hours or were you assigned a different job?

- Temporary Alternative tasks

6. The modifications or reassignment were positive and beneficial to my recovery/adjustment period.

- Strongly Disagree Disagree Don't Know Agree Strongly Agree

7. What were the positive things about any modifications that were made to your job/hours/certain duties?

8. While participating in the SAW/RTW program I was treated fairly by:

My Immediate Supervisor

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

My employer

Strongly Disagree Disagree Don't Know Agree Strongly Agree

SAW/RTW Coordinator

Strongly Disagree Disagree Don't Know Agree Strongly Agree

Health Care Provider

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

First Aid Attendant

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

Insurer

Strongly Disagree Disagree Don't Know Agree Strongly Agree

Union/Employee Representative

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

Nurse Advisor

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

9. I consider the temporary alternate tasks/duties to be:

Meaningful

Strongly Disagree Disagree Don't Know Agree Strongly Agree

Productive

Strongly Disagree Disagree Don't Know Agree Strongly Agree

Beneficial to my recovery

Strongly Disagree Disagree Don't Know Agree Strongly Agree

10. I was assigned tasks/duties that were detrimental to my recovery.

Strongly Disagree Disagree Don't Know Agree Strongly Agree

11. Can you help us improve the way we manage the SAW/RTW program by providing feedback or ideas for improvement?

Yes No

Appendix 7: Sample SAW/RTW Program Effectiveness Supervisor Evaluation

1. Did you understand your role in the SAW/RTW?

Not at all Sometimes confused Slightly Completely

2. Were you satisfied with the SAW/RTW program?

Dissatisfied Slightly dissatisfied Satisfied Completely satisfied

3. Did your employer provide worksite specific training regarding the Stay-at-Work/Return-to-Work program?

Yes No

4. During the SAW/RTW process was the employee assigned temporary/permanent modifications to their tasks/work hours/ duties or were they assigned a different job?

5. The modifications or reassignment were positive and beneficial to the employee's recovery/adjustment period.

Strongly Disagree Disagree Don't Know Agree Strongly Agree

6. What were the positive changes that you noticed about any modifications that were made to the employee's job/certain duties?

7. While participating in the SAW/RTW program the employee was treated fairly by:
His/her employer

Strongly Disagree Disagree Don't Know Agree Strongly Agree

Colleagues

Strongly Disagree Disagree Don't Know Agree Strongly Agree

8. The following stakeholders fulfilled their roles and responsibilities when contributing to the SAW/RTW program:

Employee

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

Employer

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

First Aid Attendant

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

Health Care Provider

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

Nurse Advisor

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

Insurer

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

Union/Employee Representative

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

SAW/RTW Coordinator

Strongly Disagree Disagree Don't Know Agree Strongly Agree N/A

9. I consider the temporary alternate tasks/duties assigned to the employee to be:

Meaningful

Strongly Disagree Disagree Don't Know Agree Strongly Agree

Productive

Strongly Disagree Disagree Don't Know Agree Strongly Agree

Beneficial to the employee's recovery

Strongly Disagree Disagree Don't Know Agree Strongly Agree

10. The employee was assigned tasks/duties that were detrimental to his/her recovery:

Strongly Disagree Disagree Don't Know Agree Strongly Agree

11. Can you help us improve the way we manage the SAW/RTW program by providing feedback or ideas for improvement?

Yes No

Appendix 8: Sample Letter to Health Care Provider Notifying Them about the SAW/RTW Program

(Company Name) (Company Address)

Dear (Medical Provider),

The company believes our employees are our most important assets. We are committed to helping our employees who may face health challenges to stay at work or return to work as soon as medically appropriate and to work with the medical community to help our employees regain their livelihood.

That is why we have implemented a Stay-at-Work/Return-to-Work (SAW/RTW) program that is consistent with the principles and recommendations of the CMA Policy on RTW (see <http://www.oea-novascotia.org/file/18>) to meet the needs of the employees and the company.

The focus is to work with the medical providers and employees to modify the employee's job tasks and/or work schedule temporarily, or create a different position to accommodate any reduction functional in ability of our employee. If an impairment results in a permanent reduction in their functional ability we will strive to accommodate in compliance with current relevant legislation.

Enclosed is an information package detailing the SAW/RTW program. If you have any questions or you would like to learn more about the safety programs please contact (appropriate name) at (appropriate phone number).

Thank you for your assistance on this matter. Sincerely,
(Name) (Title)

Appendix 9: Sample Letter for Health Care Provider for Employee's Modified Tasks Assessment

(Company Name) (Company Address)

Dear (Medical Provider),

[Health care provider's name and address]

Subject: [Employee's name and date of injury]

Dear (Medical Provider),

(Company name) has a Stay-at-Work/Return-to-Work (SAW/RTW) program- for the employees, which is designed to enable them to continue to work or to return them safely to medically appropriate work as soon as possible in the recovery or stabilization process.

(Employee's name)'s regular job is (job description), but due to (his/her) reduced functional abilities this job has been modified. Enclosed is a SAW/RTW plan that (employee's name) and the company have agreed on. Do you see any medical contraindications for attempting such a plan? Please notify us so that we can make any necessary changes to meet any medical contraindications. We will ensure that any assignment meets all medical requirements, and will consider re-arranging work schedules around medical appointments as necessary.

If we do not hear from you by (date) we will assume that (employee's name) is able to perform the enclosed modified tasks.

If you need additional information about this possible work assignment or about the SAW/RTW program, please contact (company contact name and number).

Sincerely,

[Signature and title of employee] [Signature and title of employer]

Appendix 10: Sample SAW/RTW Plan

We are pleased to offer you the following temporary work assignment. We believe that the assigned tasks are within your current physical and mental functional abilities, skills, and knowledge. If any training is required to do this assignment, it will be provided. If you have any difficulties performing the assignment please notify us as soon as possible so further modifications can be made. If your health care provider indicates that any elements of this temporary work assignment will have a negative impact on your medical stabilization or recovery, further modifications will be made to accommodate you.

Employee information

Employee last name	First name	Middle initial
Occupation	Physical/Cognitive/Psychological aspects affected by health-related incident	
Usual work schedule		
Employer name		
Employer contact name/title	Phone (please include area code)	Fax (please include area code)
SAW/RTW start date (yyyy-mm-dd)	SAW/RTW end date (yyyy-mm-dd)	
Length of SAW/RTW plan	Date employee will return to regular full-time duties (yyyy-mm-dd)	
Comments:		
Plan prepared by		

Schedule for SAW/RTW

Date/hours	Job tasks	Extra	Employer pay OR supernumerary <i>Definitions next page</i>
		Yes No	
		Yes No	
		Yes No	
		Yes No	

Expectations/special instructions to employee

This plan will guide you in returning to your regular job activities by gradually increasing work hours and job tasks, as you recover from your health-related incident. A graduated SAW/RTW plan is considered a crucial phase of rehabilitation, taking place at the worksite.

Definitions

Extra means the employer will schedule employees as if you are not there. You will do only those job tasks outlined in the plan and the regularly scheduled employee will be within easy voice recall to take over on short notice. The employer will not factor you in workload determinations.

Strategies for symptom management

- Stretching should be done prior to the beginning of each shift and following breaks.
- Micro-pauses are short pauses (1–5 minutes) where you will be able to step back from the work and stretch or rest and then go back to the work activities. They are not additional “coffee breaks.” The micro-pauses will be most frequent at the beginning of the SAW/RTW plan and may be incorporated into your job tasks as a pacing tool. By the last week of the plan, breaks should occur during regularly scheduled breaks and with natural pauses in your work.
- Regular breaks (i.e. lunch) should be taken according to how long you are working.
- Home exercise programs should be continued, as recommended by your health care provider (i.e. physiotherapist).
- Medical, physiotherapy, and other appointments should be made outside of the SAW/RTW plan hours.

Note to employee	Note to physician
This plan has been provided to your employer and attending physician (and physiotherapist if you have one) for the purpose of facilitating your stay at work or return to work.	This plan has been developed in collaboration with the employee and the employer and physiotherapist (if indicated).

Signature and title of employee _____

Signature and title of employer _____

Appendix 11: Sample Letter to Insurers Notifying Them about the SAW/RTW Program

(Company Name) (Company Address)

Dear (Insurance company),

The company believes the employees are the most valuable assets of our company.

We are committed to assisting our employees who may face health challenges to stay at work or to return to work as soon as medically appropriate and to work with the medical community to help the employees regain their livelihood.

That is why we have implemented a Stay-At-Work/Return-To-Work (SAW/RTW) program that meets the needs of the company and our employees. The focus is to work with the insurance providers and employees to provide accommodations as required. Included is an information package detailing the SAW/RTW program. We look forward to discussing with you how we can work together to help our employees return to safe and productive employment.

If you have any questions about the Stay-At-Work/Return-To-Work program or you would like to learn more about the safety programs please contact (appropriate name) at (appropriate phone number).

Thank you for your assistance on this matter. Sincerely,
(Name) (Title)

Appendix 12: Physical/Cognitive/Psychosocial Demands Information Form

Department: _____ Job Title: _____

For the purpose of measuring the amount of time required for physical ability please refer below:

Occasionally = under 1/3 of time

Frequently = 1/3 to 2/3 of time

Regularly = over 2/3 of time

Select the specific physical requirements for the above job (place an X in a box in each category)

<p>Stand While performing the duties of this job, the employee is:</p> <p><input type="checkbox"/> Not required <input type="checkbox"/> Frequently required <input type="checkbox"/> Occasionally required <input type="checkbox"/> Regularly required</p>	<p>Walk While performing the duties of this job, the employee is:</p> <p><input type="checkbox"/> Not required <input type="checkbox"/> Frequently required <input type="checkbox"/> Occasionally required <input type="checkbox"/> Regularly required</p>
<p>Sit While performing the duties of this job, the employee is:</p> <p><input type="checkbox"/> Not required <input type="checkbox"/> Frequently required <input type="checkbox"/> Occasionally required <input type="checkbox"/> Regularly required</p>	<p>Manual Dexterity (use hands to finger, handle or feel) While performing the duties of this job, the employee is:</p> <p><input type="checkbox"/> Not required <input type="checkbox"/> Frequently required <input type="checkbox"/> Occasionally required <input type="checkbox"/> Regularly required</p>
<p>Reach with Hands and Arms</p> <p><input type="checkbox"/> Not required <input type="checkbox"/> Frequently required <input type="checkbox"/> Occasionally required <input type="checkbox"/> Regularly required</p>	<p>Climb or Balance</p> <p><input type="checkbox"/> Not required <input type="checkbox"/> Frequently required <input type="checkbox"/> Occasionally required <input type="checkbox"/> Regularly required</p>
<p>Stoop, Kneel, Crouch or Crawl While performing the duties of this job, the employee is:</p> <p><input type="checkbox"/> Not required <input type="checkbox"/> Frequently required <input type="checkbox"/> Occasionally required <input type="checkbox"/> Regularly required</p>	<p>Talk or Hear While performing the duties of this job, the employee is:</p> <p><input type="checkbox"/> Not required <input type="checkbox"/> Frequently required <input type="checkbox"/> Occasionally required <input type="checkbox"/> Regularly required</p>

<p>Specific Vision Requirements (select as many as needed)</p> <p><input type="checkbox"/> Close vision – ability to see clearly 20 inches or less</p> <p><input type="checkbox"/> Distance vision – ability to see clearly 20 inches or more</p> <p><input type="checkbox"/> Color vision – ability to identify and distinguish colors</p> <p><input type="checkbox"/> Peripheral vision – ability to observe an area that can be seen up and down or to the left and right while eyes remain fixed on a given point, i.e. monitors, control panels, driving in various traffic conditions, operating heavy equipment</p> <p><input type="checkbox"/> Ability to adjust focus – ability to adjust the eye to bring an object into sharp focus, i.e. shifts gaze from viewing a computer monitor at a distance of several feet to forms that are closer to compare data at close vision</p>	<p>Level of noise typical for the work environment of this job (check the appropriate level below)</p> <p><input type="checkbox"/> Very Quiet (examples: forest trail, isolation booth for hearing)</p> <p><input type="checkbox"/> Quiet (examples: library, private office, beach patrol)</p> <p><input type="checkbox"/> Moderate - less than 85 decibels (examples: business office with computers and printers, light traffic, riding in truck, receptionist area)</p> <p><input type="checkbox"/> Loud - 85 or more decibels (examples: heavy trucks, large earth moving equipment, road work, bus operations)</p> <p>Duration: _____ hours/day</p> <p><input type="checkbox"/> Very Loud - 100 or more decibels (examples: jack hammer, chain saw, lawn equipment, rifle range, helicopter)</p> <p>Duration: _____ Hours/day</p>
--	--

Lifts Weight or Exerts Force (Check frequency and number of pounds)

The employee:

- Does not lift weight or exert force.

- Must occasionally lift and/or move up to 10 pounds 25 pounds 50 pounds >50 pounds
- Must frequently lift and/or move up to 10 pounds 25 pounds 50 pounds >50 pounds
- Must regularly lift and/or move up to 10 pounds 25 pounds 50 pounds >50 pounds

If more than 50 pounds explain specified required amount and how often:

Can the employee use a handling device (dolly, cart, etc.) or work with another team member to lift and/or move excessive poundage of more than 50 pounds?

Exposure to Environmental Conditions: How much exposure to the following environmental conditions does this job require? (Show the amount of time by checking the appropriate boxes below)

Work Environment	None	Occasionally	Frequently	Regularly
Wet or humid conditions (non-weather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work in high, precarious places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes or airborne particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic or caustic chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor weather conditions (cold, heat, wet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme cold (non-weather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme heat (non-weather) Risk of electrical shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of exposure to blood-borne pathogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with explosives Risk of radiation Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with dangerous equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective Clothing or Personal Devices	None	Occasionally	Frequently	Regularly
Hard hats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steel-toed shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back safety device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety vest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full-face piece respirator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-contained breathing apparatus (SCBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust mask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive/Psychological Requirements	None	Occasionally	Frequently	Regularly
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spatial awareness/depth perception (being aware of surroundings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perception and interpretation (i.e. of people's emotions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cognitive/ Psychological Requirements Cont'd	None	Occasionally	Frequently	Regularly
Numerical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye-hand coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extensive hours of concentration (i.e. watching conveyor belt for 12 hours)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extensive hours of mental alertness (i.e. being aware of surroundings and hazards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with supervisor (e.g. clarifying instructions, asking questions, asking for help)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Socializing with others (e.g. small talk with co-employees, clients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating (e.g. remembering routine, completing tasks despite interruptions, sustaining attention)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responding to feedback/criticism (e.g. listening to/asking for feedback)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following a schedule (e.g. returning from breaks on time, scheduling appointments, negotiating schedule changes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing own work performance (e.g. judging work pace, identifying areas of confusion, comparing work performance to set standards, initiating improvements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solving problems and organizing work (e.g. planning, prioritizing, making decisions, managing time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiating new tasks (e.g. working independently, selecting new tasks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing stress and time pressures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning new tasks (e.g. following instructions, asking for clarifications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreting social cues (e.g. maintaining boundaries of personal space, choosing conversation topics, to personal appearance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulating emotions (e.g. expressing anger, dealing with disappointment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displaying confidence in self and work abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adjusting to changes in work demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining stamina (pace of work, taking scheduled breaks, completing tasks in time allotted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Form prepared by: Name: _____ Date: _____

Title: SAW / RTW Coordinator Signature: _____

Verified by Employee: _____

Appendix 13: Privacy Legislation

PRIVACY LEGISLATION

Guidelines Workers Compensation Act Part 3G-D12-187-3 Protection of privacy in inspection reports issued December 21, 2009 states the following:

Regulatory excerpts

See Sections 156 and 187 of the Workers Compensation Act (“Act”).

Purpose of guideline

The purpose of this guideline is to advise about the correct approach to including information in an inspection report (“IR”) which is subject to the Freedom of Information and Protection of Privacy Act (“FIPPA”).

Personal information in IRs

The name or other identifying personal information about a worker should not be included in an IR or in any other records that are available to the public upon request to WorkSafeBC (Prevention Records). Personal information is any recorded information about an identifiable individual other than business contact information. The following are some examples of personal information that should not be disclosed in an IR about an identifiable individual:

- Personal contact information (business contact information, including the person's job title, may be disclosed)
- Age
- Date of birth
- Employment, occupational, or educational history
- Medical information
- Details about a worker's injury
- Claim number or any other claim information
- Driver's license number, social insurance number, or any other similar personal identifier
- Racial or ethnic origin
- Sexual orientation
- Marital status
- Religious beliefs

Examples of how to include personal information when needed

There may be a small number of cases where an IR will need to contain some personal information in order to support the WorkSafeBC prevention officer's decision. Only information

that is absolutely necessary to exercise WorkSafeBC's mandate should be included. In those situations, an attempt should be made to present the information in a way that minimizes its personal nature, and if possible, documented in a consultation record ("CR") linked to the IR.

Worker names

The name of individuals should not be disclosed in an IR. If it is necessary to document the actions of more than one worker in an IR, the prevention officer may refer to them as "worker A," "worker B," etc. The name of individuals accompanying the prevention officer as worker and employer representatives will be included in an IR in the field provided in FirmFile. The name of the representative should not be included in the IR text if an observed violation relates directly to that individual. If a violation does relate directly to a representative, the IR text will simply refer to "a worker." For example: "a worker was not wearing adequate hearing protection." The IR should not contain any additional personal information about that individual.

Age and employment experience

In cases where the age or employment experience of a worker is relevant to the orders or observations in an IR, that information should be expressed as a range. For example, if the inspection relates to the orientation and training provided to a "young worker," the IR may state that the individual is under 25 years of age, rather than specifying the worker's exact age. Where it is relevant to document that a particular worker has extensive experience in a particular occupation, the IR may note that the worker has "more than 20 years of experience," or simply "substantial years of experience." Similarly, in the case of a "new worker," the IR should not specify the exact amount of time the worker has been employed.

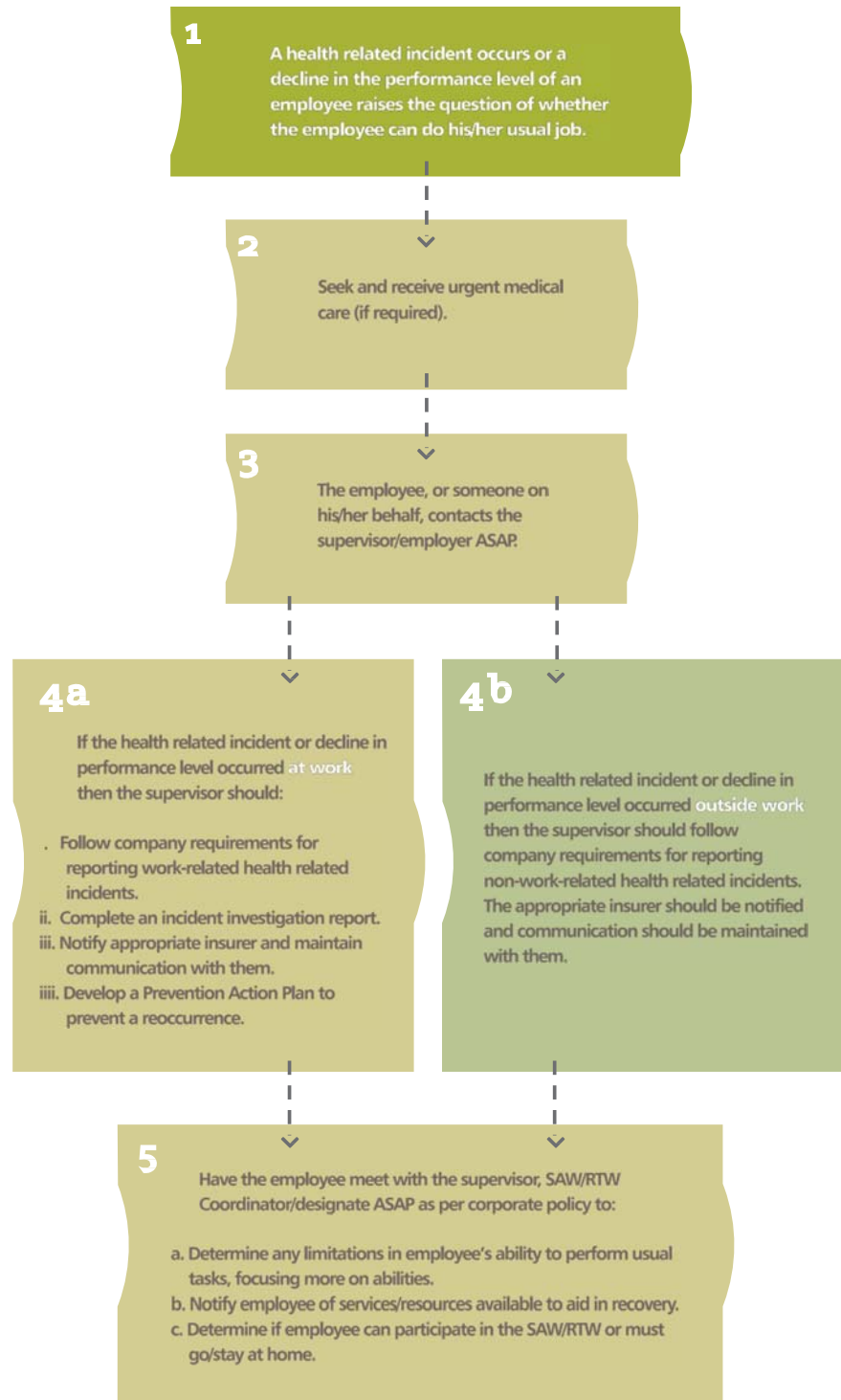
Medical information

There are some situations where medical information will be relevant to the inspection or order. For example, impairment may have been a factor in an incident or affected the safety of a worksite. In that case, it would be appropriate for the IR to state that the worker was impaired. However, the IR should not reference specific toxicology results or what has caused the impairment (drugs, alcohol, medication, etc). Similarly, in cases where a worker is exposed to a contagion or blood-borne pathogen such as Hepatitis C or HIV, the IR should state that the worker was exposed to a "blood-borne pathogen" or an "immune compromising condition." However, the IR should not disclose that the exposure resulted in the worker being diagnosed with a specific medical condition.

Personal opinions

Workers' personal opinions about their employers or health and safety matters should not be included in an IR. These matters should instead be documented in a CR.

Appendix 14: SAW/RTW PROCESS FLOWCHARTS



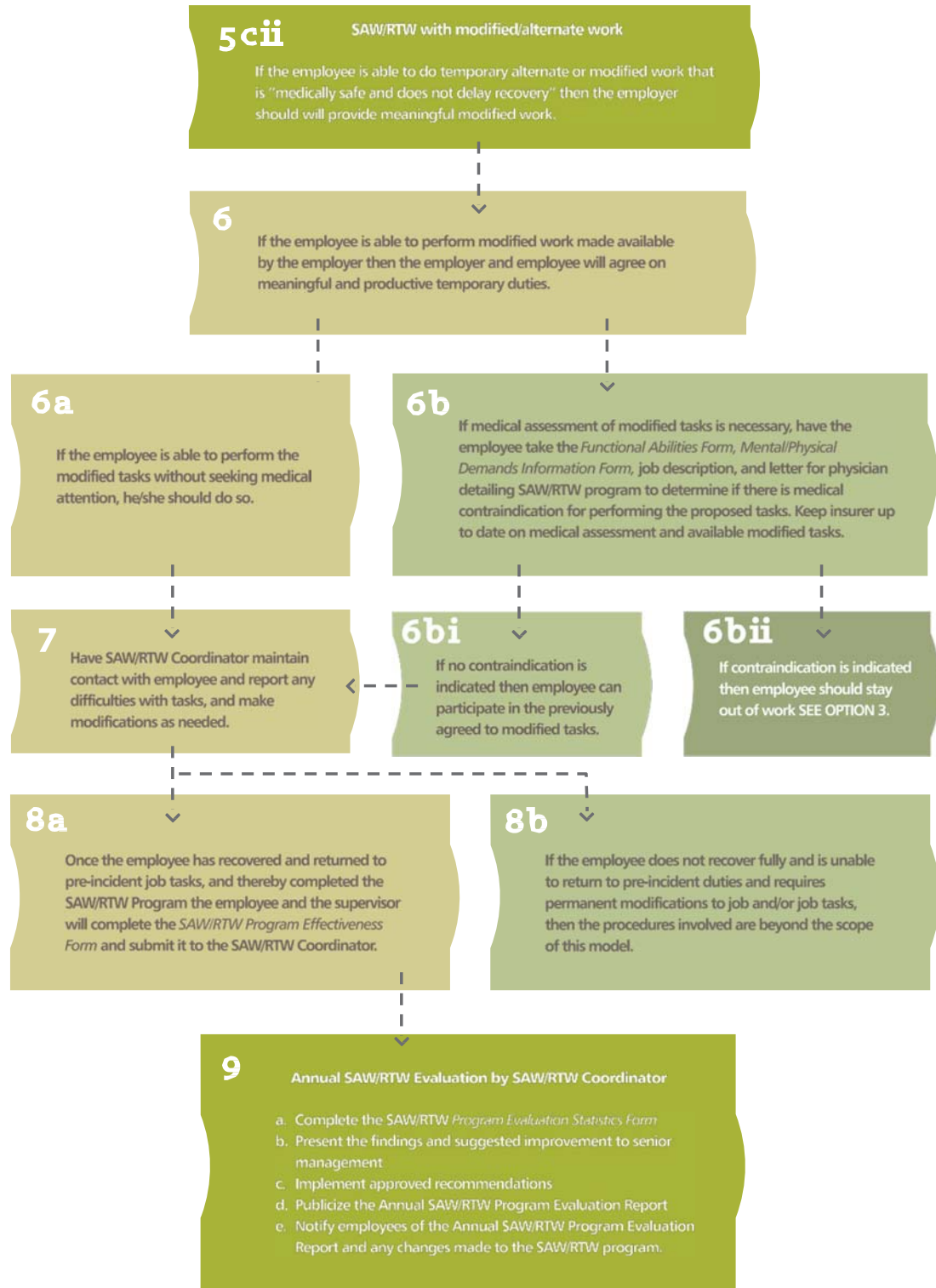
Option 1- Employee Can Participate in the SAW/RTW Without SAW/RTW Plan

5ci

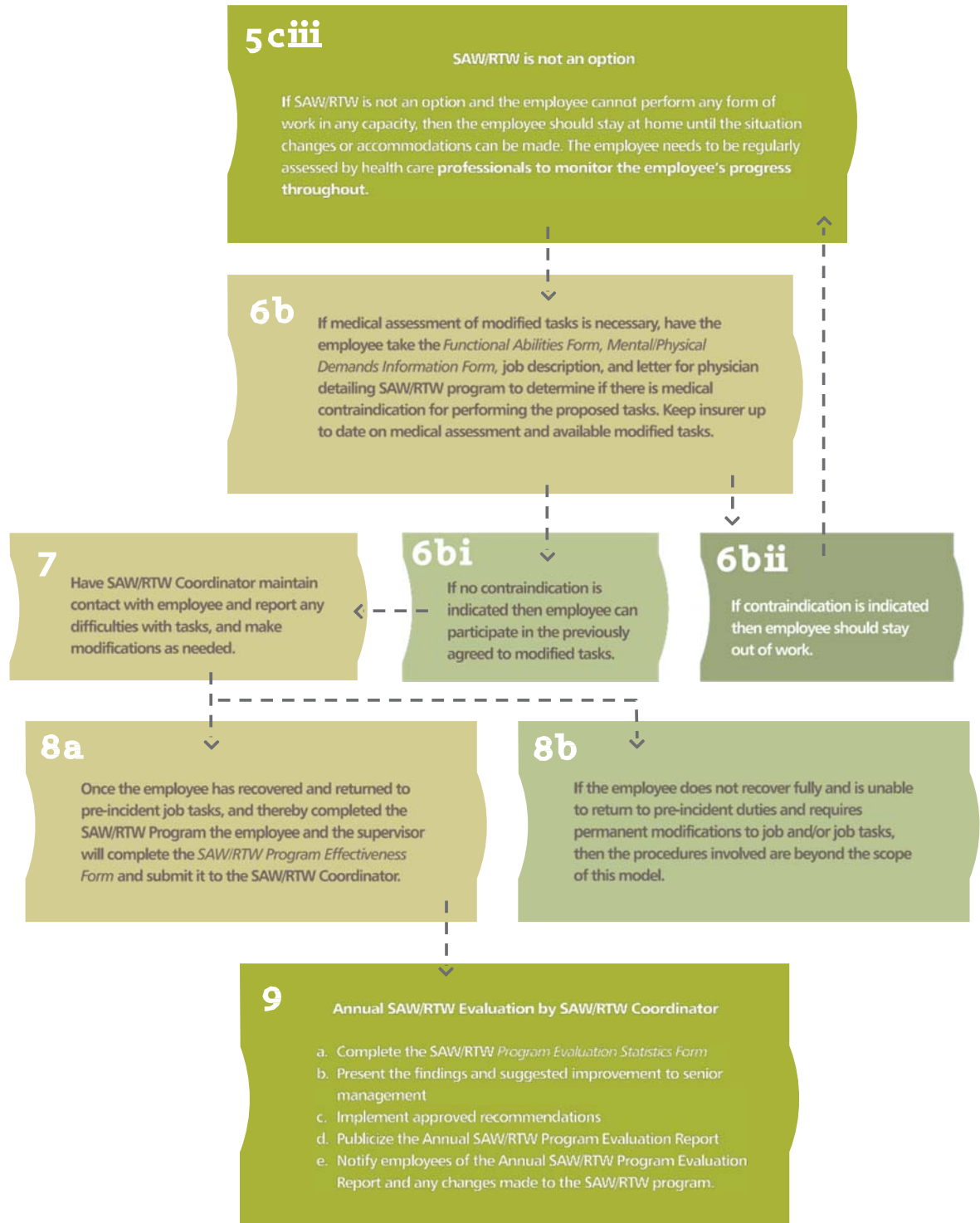
SAW/RTW

If the employee can be safe doing his/her usual job or can independently make any necessary modifications, he/she should stay at or return to his/her normal job. Follow-up should occur to ensure complete recovery.

Option 2- Employee Needs SAW/RTW Plan with modifications



Option 3- SAW/RTW Plan is not an Option



Appendix 15: Organization and System-Based Change Task Group Members and Acknowledgement of Contributors

All members of the Organization and System-Based Change task group:

- Brent Mulhall, Back In Motion
- Carmel Murphy, M.Sc. CCPE, Management Consultant- Ergonomics, Disability Management, Wellness
- Dr. Celina Dunn, HBSc, MD, CCFP, Manager Medical Services WorkSafeBC
- Graham Kitson, Manager, Health Management Operations - Shepell.FGI
- Jo-Anne Martin, BA, NQI CEP, Organizational Health Consultant, Sun Life Assurance Company of Canada
- Karen LaCombe, Health Employer Services of BC
- Lisa McGuire, CRSP Executive Director FIOSA - Food Industry Occupational Safety Association
- Lucette Wesley, Director, Disability & Life Claims- Pacific Blue Cross
- Sylvie Gelin, BSc MA, Human Resources Advisor and Disability Management Team Leader-Terasen Gas

A special thank you to the following for their contribution in the preparation of this document:

- Dr. Larry Myette, B.Sc.(Pharm),MD,MPH,DABPM (Occ Med),CIME
- Jan Beesley, RN, (Cert Occ Health Nurse), Provincial Manager of Nursing Services WorkSafeBC
- MSABC Safety Program Advisory Committee members
- Catharine Eckersley, HonBA

Appendix 16: Extract from FIOSA OSSE Audit Tool

Part 3 Injury Management/Return to Work

INTRODUCTION

This section is an optional component of the audit but needs to be completed to obtain an additional 5% rebate on WorkSafeBC premiums.

An injury management/return to work (RTW) program is required under Section 34.11 of the Rehabilitation Services and Claims Manual, Vol. II. The idea is that recovery time for injured workers is shortened when they are actively involved in the workplace. The program also minimizes time away from work, which positively impacts compensation costs. Research and anecdotal studies have shown that injury management/RTW has the following benefits:

- Manage work-related injuries and illnesses from time of occurrence
- Facilitate the recovery of injured or ill workers
- Prevent disability
- Ensure fair and consistent treatment of injured or ill workers
- Prevent the loss of valuable workers
- Maintain communication between all parties involved in the injury management/RTW process
- Minimize impact of work-related injuries and illnesses on productivity
- Manage costs of work-related injuries and illnesses
- Impact WorkSafeBC premiums:
- Positive influence on experience rating
- Increased likelihood of reduction in classification unit base rate

Injury management/RTW programs are a proactive way for employers to help injured workers stay at work or return to productive and safe employment as soon as physically possible. Such programs are based on the fact that many injured workers can safely perform productive work during the recovery process. Returning to work is part of the worker's therapy and recovery.

Effective injury management/RTW programs are initiated when the worker first contacts the employer. At this time, an early intervention procedure can be initiated to determine if the worker is capable of staying at work performing regular duties or modified duties while the injury heals. These at-work programs are an effective tool to ensure healing occurs while the injured worker is still performing meaningful and productive work. In many cases, this prevents any time loss from work. If workers do need time away from work, the injury management/RTW program will help reintegrate the injured worker into the workforce much earlier.

Process

Although the injury management/RTW audit element is scored independently of the OHS audit, the two can be performed at the same

time. Rather than conducting two separate audits, the auditor should conduct documentation reviews, observations, and particularly interviews to ensure efficient completion of the work. For example, RTW interview questions should be blended with OHS interview questions, rather than conducting two separate sets of interviews.

Note: When this audit element is completed for RTW COR certification, it must be applied to the employer's complete operation in each of the CUs for which the employer is seeking COR certification, or to a representative selection of worksites in each CU, as determined by the auditor without influence from the employer.

RA. INJURY MANAGEMENT/RETURN TO WORK AUDIT TOOL

RA.1 Policy and Program

Guideline

An injury management/RTW policy illustrates the organization's commitment to the RTW process, and sets the direction and strategic thinking within the organization. The policy should include at least the following:

- An organizational commitment statement
- A written injury management/RTW program
- Evaluation and analysis of outcomes

Question 1.1

**Is there a corporate policy, statement, or letter of intent outlining the company's commitment to the injury management/ RTW program?
Does this commitment statement detail program objectives?**

Scoring Instructions

DOCUMENT REVIEW

RA.1.1.1 Review documentation supporting the injury management/RTW program. If there is a policy or letter of intent, award 20 points. This document should outline the objectives of the program. **(0,20)**

OBSERVATION

RA.1.1.2 If the document is posted, award 10 points. **(0,10)**

Score Awarded		
D	O	I
	Total	

30

Comments & Recommendations

RA.1 Policy and Program

Question
1.2

Is there a written injury management/RTW program?

Scoring Instructions

DOCUMENT REVIEW

RA.1.2.1 Review the documentation to confirm proof of a written injury management/RTW program. If there is such a program, award 20 points. **(0,20)**

Score			
D	O	I	
	Total		

20

Comments &
Recommendations

RA.1 Policy and Program

Question
1.3

Are outcomes of the injury management/RTW program tracked?

Scoring Instructions

DOCUMENT REVIEW

RA.1.3.1 Review documentation to determine if outcomes are tracked. If yes, award 10 points. **(0,10)**

Score			
D	O	I	
	Total		

10

Comments &
Recommendations

RA.1 Policy and Program

Question
1.4

Are outcomes of the injury management/RTW program analyzed?

Scoring Instructions

DOCUMENT REVIEW

RA.1.4.1 Review documentation to determine if outcomes are analyzed. If yes, award 10 points. **(0,10)**

Score	
DI	OT
	Total

10

Comments &
Recommendations

RA.1 Policy and Program

Question 1.5

Is the analysis of program outcomes used to improve the program?

DOCUMENT REVIEW

RA.1.5.1 Review documentation to determine if analyses of the program outcomes are used to improve the program. These documents may include the following:

- Health and safety reports
- Third-party analysis reports
- Joint health and safety committee meeting minutes
- Management meeting minutes

If there is clear evidence of outcome analyses, award 20 points. **(0,20)**

INTERVIEW

RA.1.5.2 Interview a representative number of managers to determine if actions are implemented to address the opportunities identified. Award a maximum of 20 points based on the percentage of positive responses. (1-20% = 4 points, 21-40% = 8 points ...81-100% = 20 points) **(0-20)**

Score	
D I	O Total
Awar ded	

40

Scoring Instructions

Comments & Recommendations

RA.1 Policy and Program

Question
1.6

Do company policies and procedures support a coordinated approach to injury management/RTW?

Scoring Instructions

DOCUMENT REVIEW

RA.1.6.1 Review documentation to determine if policies and procedures reflect coordination between the stakeholders.

If documentation supports coordination, award 10 points. **(0,10)**

Score			
Awarded		Total	
D	O		
I	Total		

10

Comments &
Recommendations

RA.1 Policy and Program

Question 1.7

Do the various departments work together and support the same objectives (for example, human resources, OHS, and injury management/RTW departments)?

Scoring Instructions

INTERVIEW

RA.1.7.1 Interview a representative number of persons involved in the injury management/RTW process to determine if individuals from different departments work together to support program objectives. Award a maximum of 10 points based on the percentage of positive responses.
 (1-20% = 2 points, 21-40% = 4 points ...81-100% = 10 points) **(0-10)**

Score			
Awarded			
D	O		
I	Total		

10

Comments & Recommendations

RB.1 Resources, Education, and Training

**Question
1.1**

Have the duties of an injury management/RTW coordinator been assigned, and does this outline the authority to establish and implement RTW plans?

Scoring Instructions

DOCUMENT REVIEW

RB.1.1.1 Review roles and responsibilities documentation to determine if program coordination duties have been assigned. If yes, award 10 points. **(0,10)**

INTERVIEW

RB.1.1.2 Interview a representative number of workers, supervisors, and managers to determine if authority to establish RTW plans is known. Award a maximum of 10 points based on the percentage of positive responses. (1-20% = 2 points, 21-40% = 4 points ...81-100% = 10 points) **(0-10)**

Score			
D	O		
I	Total		

20

**Comments &
Recommendations**

RB.1 Resources, Education, and Training

Question
1.2

Has education been provided to ensure the coordinator has an understanding of injury management/RTW?

Scoring Instructions

DOCUMENT REVIEW

RB.1.2.1 Review training records and coordinator experience to determine if the coordinator has adequate knowledge and skills to manage the injury management/RTW program effectively. Award a maximum of 15 points. Professional judgment required to determine adequacy. **(0-15)**

	Score Awarded		
D I	O Total		

15

Comments &
Recommendations

RB.1 Resources, Education, and Training

Question
1.3

Is the injury management/RTW program coordinator aware of legislation relevant to injury management/RTW (for example, human rights, workers compensation, and section 34.11 of the *Rehabilitation Services and Claims Manual*, Vol. II)?

Scoring Instructions

INTERVIEW

RB.1.3.1 Interview the injury management/RTW program coordinator to determine his or her awareness of human rights and workers compensation legislation. The injury management/RTW coordinator should, at minimum, know where to access the information. If awareness is apparent, award 15 points. **(0,15)**

Score Awarded			
D	O		
I	Total		

15

Comments & Recommendations

RB.1 Resources, Education, and Training

Question
1.4

Are policies and procedures in place regarding retention of records (for example, keeping first aid records for 10 years)?

Scoring Instructions

DOCUMENT REVIEW

RA.1.4.1 Review policies and procedures to determine if records are retained for the required number of years.

If policies and procedures are established for retention of records, award 10 points. **(0,10)**

Score Awarded		
D	O	
I	Total	

10

Comments &
Recommendations

RB.1 Resources, Education, and Training

**Question
1.5**

Have relevant groups (for example, human resources, injury management/RTW, and OHS departments) been educated on privacy issues related to injury management/RTW?

Scoring Instructions

DOCUMENT REVIEW

RB.1.5.1 Review records to determine if education on privacy issues has been provided. If yes, award 10 points.

(

0,1

0)

INTE

RVI

EW

RB.1.5.2 Interview the injury management/RTW coordinator to determine their comprehension of applicable privacy legislation. Award a maximum of 10 points. Professional judgment required. **(0-10)**

Score			
D	O	I	
	Awar		
	ded		
	Total		

20

**Comments &
Recommendations**

RC.1 Early Intervention and Return to Work

Many injuries do not require time away from work. In these cases, productive and meaningful duties can be performed by workers without causing further injury, while allowing for healing to occur. In cases where an injury requires time away from work, it becomes necessary to reintegrate the injured worker into the workplace.

An effective early intervention and RTW program includes the following:

- A written process for addressing early intervention and RTW
- Communication of early intervention and RTW procedures
- Provision of alternate duties in writing
- Education of workers and supervisors in early intervention and RTW procedures
- First contact guidelines
- A process for monitoring return to work plans
- Established target dates for return to work plans
- Procedures for modification of return to work plans

RC.1 Early Intervention and Return to Work

Question
1.1

Does the company have a written process (a series of steps) for dealing with early intervention/RTW cases? Is the written process posted or communicated?

Scoring Instructions

DOCUMENT REVIEW

RC.1.1.1 Review documentation to determine if a written process is outlined. If yes, award 5 points. **(0,5) OBSERVATION**

RC.1.1.2 If the process is posted in a conspicuous place available to all employees, award 10 points. **(0,10)**

Note: Where there is no opportunity to post information for workers, documentation detailing the process must be readily accessible by workers through an alternate means that meets the intent of posting information.

INTERVIEW

RC.1.1.3 Interview a representative sample of workers and supervisors to determine their understanding of the early intervention/RTW process. Award a maximum of 10 points based on the percentage of positive responses. (1-20% = 2 points, 21-40% = 4 points ...81-100% = 10 points) **(0-10)**

Score Awarded			
D	O		
I	Total		

25

Comments & Recommendations

RC.1 Early Intervention and Return to Work

Question
1.2

Does the company have an early intervention initiative as part of their injury management/RTW program?

Scoring Instructions

DOCUMENT REVIEW

RC.1.2.1 Review procedures to determine if an early intervention process is established. If yes, award 15 points.
(0,15)

	Score Awarded		
D I	O Total		

15

Comments &
Recommendations

RC.1 Early Intervention and Return to Work

Question
1.3

Does the company have alternate duties (meaningful, productive duties) identified in writing for early intervention/RTW? Are supervisors aware that they can offer modified duties when required?

Scoring Instructions

DOCUMENT REVIEW

RC.1.3.1 Review documentation to determine if alternate duties are identified in writing. If yes, award 10 points. **(0,10)**

INTERVIEW

RC.1.3.2 Interview a representative number of supervisors to determine if they are aware that they can offer modified or alternate work to injured workers. Award a maximum of 10 points based on the percentage of positive responses. (1-20% = 2 points, 21-40% = 4 points ...81-100% = 10 points) **(0-**

10
)

	Score Awarded		
D I	O Total		

20

Comments & Recommendations

RC.1 Early Intervention and Return to Work

Question
1.4

Do contact personnel receive education on early intervention procedures, and are these procedures being followed? Does education include the reporting requirements under the *Workers Compensation Act*?

Scoring Instructions

DOCUMENT REVIEW

RC.1.4.1 Review documentation to determine if education for contact personnel has taken place. If yes, award 10 points. **(0,10)**

RC.1.4.2 Review documentation to determine if reporting requirements under the *Workers Compensation Act* are stipulated. If yes, award 5 points. **(0,5)**

Note: These reporting procedures may also be captured in the accident investigation and reporting policy of the organization.

INTERVIEW

RC.1.4.3 Interview a representative number of contact personnel to determine if procedures are being followed.
Award a maximum of 10 points based on the percentage of positive responses. (1-20% = 2 points, 21-40% = 4 points ...81-100% = 10 points) **(0-10)**

RC.1.4.4 Interview a representative number of workers and supervisors to determine their knowledge of the reporting process. Award a maximum of 5 points based on the percentage of positive responses.
(1-20% = 1 point, 21-40% = 2 points ...81-100% = 5 points) **(0-5)**

Score Awarded	Score Total
0	
10	
15	
20	
25	
30	
35	
40	
45	
50	

30

Comments &
Recommendations

RC.1 Early Intervention and Return to Work

**Question
1.5**

Is there a guideline that outlines when contact is first made with an injured worker (or in some circumstances their emergency contact) who is absent from work, and is this guideline being followed?

Scoring Instructions

DOCUMENT REVIEW

RC.1.5.1 Review documentation outlining the injury management /RTW process to determine if timelines are established. If yes, award 10 points. **(0,10)**

INTERVIEW

RC.1.5.2 Interview the injury management/RTW coordinator and injured workers to determine if the guideline is being followed. Award a maximum of 10 points based on the percentage of positive responses.
(1-20% = 2 points, 21-40% = 4 points ...81-100% = 10 points) **(0-10)**

D I	Score Awarded		
	O Total		

20

**Comments &
Recommendations**

RC.1 Early Intervention and Return to Work

Question 1.6

Is there a process to monitor return to work plans, and is the process being followed?

Scoring Instructions

DOCUMENT REVIEW

RC.1.6.1 Review documentation to determine if there is a written process to monitor injury management/RTW plans. If yes, award 10 points. **(0,10)**

RC.1.6.2 If there is clear evidence of a team approach in monitoring return to work plans, award 10 points.

0,1

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EW

RC.1.6.3 Interview a representative number of workers and the injury management coordinator to determine if monitoring of plans is documented and the process is being followed. Award a maximum of 10 points based on the percentage of positive responses. (1-20% = 2 points, 21-40% = 4 points ...81-100% = 10 points) **(0-10)**

Score	
DI	OTotal

30

Comments & Recommendations

RC.1 Early Intervention and Return to Work

Question
1.7

Are target dates established for injury management/RTW plans?

Scoring Instructions

DOCUMENT REVIEW

RC.1.7.1 Review documentation to determine if injury management/RTW plans have an established end date. If yes, award 10 points. **(0,10)**

Note: Exclude consideration of plans for which an end date is medically undeterminable.

Score	
DI	OT
	Total

10

Comments &
Recommendations

RC.1 Early Intervention and Return to Work

Question
1.8

Are injury management/RTW plans modified to reflect progression of healing?

Scoring Instructions

DOCUMENT REVIEW

RC.1.8.1 Review documentation to determine if injury management/RTW plans are being modified, or if there is a process in place to consider modification, based on the progression or non-progression of the worker's abilities. If it is standard practice to modify injury management/RTW plans based on the worker's abilities, award 10 points.
(0,10)

Score	
D	O
I	Total

10

Comments &
Recommendations

RD.1 Communication

It is difficult to communicate injury management/RTW policy effectively because there are numerous stakeholders in the process, including workers, supervisors, managers, medical practitioners, union representatives, and joint health and safety committees. For example, the employer must have a formalized process to communicate with medical practitioners regarding the ability to accommodate injured workers. An effective communication process includes the following:

Guideline

- Formal meetings such as RTW meetings and joint health and safety committee meetings
- Promotion of the benefits of the RTW program
- Instilling awareness of the RTW program during the orientation of new workers
- Standardized RTW forms to communicate with medical practitioners (typically a RTW package that includes a cover letter to the medical practitioner regarding the existence of the RTW program, the functional abilities form, and available selective light duties)
- Clear communication of the RTW program to WorkSafeBC

RD.1 Communication

**Question
1.1**

Have injury management/RTW policies and procedures been effectively communicated to all workers, supervisors, and managers?

Scoring Instructions

DOCUMENT REVIEW

RD.1.1.1 Review documentation (for example, training records, shop safety meeting minutes, and safety committee minutes) to determine if policies and procedures have been communicated to all employees. If there is evidence of a systematic process to provide injury management/RTW information to the workforce, award 20 points. **(0,20)**

INTERVIEW

RD.1.1.2 Interview various levels within the company to determine awareness of the injury management/RTW program. Award a maximum of 10 points based on the percentage of positive responses. (1-20% = 2 points, 21-40% = 4 points ...81-100% = 10 points) **(0-10)**

Score	
D	O
I	Total

30

**Comments &
Recommendations**

RD.1 Communication

Question 1.2

Does the employer actively promote the benefits of the injury management/RTW program?

OBSERVATION

RD.1.2.1 If promotional information is posted, award 10 points. **(0,10)**

Note: Where there is no opportunity to post information for workers, award 10 points if the employer has distributed printed information to workers.

INTERVIEW

RD.1.2.2 Interview workers and supervisors to determine if the program is actively promoted. Award a maximum of 10 points based on the percentage of positive responses.
(1-20% = 2 points, 21-40% = 4 points ...81-100% = 10 points) **(0-10)**

Score Awarded		
D	O	I
	Total	

20

Scoring Instructions

Comments & Recommendations

RD.1 Communication

**Question
1.3**

Are new employees provided with information on the injury management/RTW program during their orientation?

DOCUMENT REVIEW

RD.1.3.1 Review training documentation to determine if injury management/RTW program information is provided in new employee orientations. If yes, award 20 points.
(0,20)

Scoring Instructions

Score Awarded	
D	O
I	Total

20

**Comments &
Recommendations**

RD.1 Communication

Question
1.4

Are medical practitioners advised of the company's injury management/RTW initiatives?

Scoring Instructions

DOCUMENT REVIEW

RD.1.4.1 Review documentation to determine if a process is in place to make medical practitioners aware of the injury management/RTW program (the ability of the employer to provide alternate or modified duties). If such communication is standard practice, award 20 points. **(0,20)**

Score Awarded	
D	O
I	Total
	20

Comments &
Recommendations

RD.1 Communication

Question
1.5

Does the employer communicate to WorkSafeBC that the employer has an injury management/RTW program or duties?

Scoring Instructions

DOCUMENT REVIEW

RD.1.5.1 Review the documentation for evidence of communication with WorkSafeBC. This evidence may exist as electronic correspondence, formal letters, fax confirmations, or phone logs. If supporting documentation exists, award 20 points. **(0,20)**

Score Awarded		
D	O	I
	Total	

20

Comments &
Recommendations

SCORING SUMMARY – INJURY MANAGEMENT/RETURN TO WORK

Element	Available Points (x # locations)	Not Applicable Points	Final % Awarded	Total Points Scored	Element % Score
A. Policy and Program	130				
B. Resources, Education, and Training	80				
C. Early Intervention and Return to Work	160				
D. Communication	110				
Total	480				
Final IM/RTW Audit Score					

<i>administrative controls</i>	Measures established by an employer to eliminate or minimize the risk to workers by changing the way work is done. Examples include timing of work; policies and other rules; and work practices such as standards and operating procedures.
<i>alternate duties</i>	Alternate work that a worker can do while recovering from an injury or illness. The worker may act as a helper for another job, or may perform work that is specifically reserved for injured workers. The objective is to keep the worker at the worksite, possibly while receiving treatment at the same time. Alternate duties should be meaningful and productive.
<i>audit</i>	A methodical examination and review of the processes in an organization to determine how well the program is meeting its stated intentions.
<i>causal factor</i>	A factor related to an incident that, if corrected, would have reduced the possibility of the incident occurring.
<i>competent</i>	A person who is qualified and adequately trained to do a job with little or no supervision. See <i>qualified</i> .
<i>contact personnel</i>	Individuals who are designated by the employer to be responsible for establishing and maintaining contact with an injured worker. Examples include first aid attendants and supervisors.
<i>contractor</i>	A company or person who provides work for or on behalf of another company for the purpose of compensation under terms specified in an agreement.
<i>controls</i>	Measures that are used to eliminate the risk to workers or, if elimination is not possible, minimize the risk.
<i>core values</i>	The ideals or beliefs that form the basis for behaviour and the performance of safety standards. The common set of core values of a company becomes the rationale for what is expected of management, workers, and contractors. It is the minimum standard for what is considered acceptable to the company.

critical parts inspection

Critical parts or items are defined as components of machinery, equipment, material, structures or areas more likely than other components to result in a major problem or loss when worn, damaged, abused, misused or improperly applied.

due diligence

The reasonable level of care taken to protect the well-being of employees or co-workers. To meet the standard of due diligence, you must take all precautions that are reasonable in the circumstances so that you can carry out your work and your health and safety responsibilities.

early intervention

An process in which modified or alternate duties are provided to an injured worker before any time away from work occurs.

<i>education</i>	A process by which knowledge (theory) is conveyed.
<i>effective</i>	Producing or capable of producing an intended result or having the intended effect.
<i>employee</i>	Any person employed by a company.
<i>employer</i>	All aspects of an organization, business, firm, or entity that are registered under one WorkSafeBC account number.
<i>engineering controls</i> controls act on	Physical changes to a job that eliminate or minimize the risk to workers. Engineering controls act on the source of the hazard without relying on the employee to take self-protective action or intervention. Examples include mechanical hard stops, barrier guards, interlocking guards, presence-sensing devices, and two-handed controls.
<i>graduated return to work</i> injury work over	A return to work plan in which the worker gradually progresses to the full, regular, pre-injury work over a specified period of time. This may include modified working hours or alternate duties. Work included in the plan should be meaningful and productive. See <i>return to work (RTW) plan</i> .
<i>hazard</i> disease.	A thing or condition that may expose a person to a risk of injury or occupational disease.
<i>hazard identification</i>	An inspection process used to find conditions in the workplace that could endanger the health and safety of workers. Once hazards have been identified, the next step is to assess the risks associated with them. See <i>risk assessment</i> .
<i>hotwork</i>	An activity such as cutting, welding and grinding that produces a potential source of ignition or results in waste material that could be a potential source of ignition

incident

An accident or other occurrence that resulted in or had the potential for causing a death, injury, occupational disease, or damage to equipment or property. Incidents include:

- accidents in which a worker is injured or killed
- accidents in which no one is hurt but equipment or property is damaged

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industrial storage racking

Single or multi-level structural systems that supports elevated storage of materials and palletized materials placed or removed by powered material handling equipment

inspection

The careful examination of workers, equipment, property, materials, or the environment, which is conducted to compare the findings against stated program requirements.

***injury
management/
RTW
coordinator***

An employee or third-party provider who is assigned the responsibility of overseeing the injury management/RTW program. Actual job titles will vary depending on the company.

***injury
management/
RTW
program***

A detailed, planned process to manage the impact of work-related injury or illness on employees.
See
return to work (RTW) plan.

investigation form

A document used to report the findings of an incident investigation, and which meets the minimum requirements set out by WorkSafeBC.

Job Task Observation
a specific task.

A method that is used to identify, analyze, and record the steps involved for performing a specific task.

The identification of existing or potential safety hazards associated with each step, and the recommended control measures that will eliminate or reduce the hazards and risks of a workplace injury or illness.

modified duties

Changes to a worker's regular job that allow the worker to return to work. Modified duties may include changes to specific duties or methods for how those duties are to be performed (for example, only lift to a specific height or up to a specific weight; use additional equipment as provided, such as footstools or ladders; or only perform specified parts of the regular duties). Modified duties should be meaningful and productive.

mobile equipment

A wheeled or tracked vehical which is engined or motor powered, together with attached or towed equipment, but not a vehical operated on fixed rails or tracks.

near miss

An incident in which there is no injury or damage but that could have resulted in an injury or death, or damage to equipment or property. Near misses may indicate hazardous conditions or acts that need to be corrected.

***Personal
protective
equipment (PPE)***

Equipment worn by workers to minimize exposure to specific occupational hazards. Examples include respirators, gloves, fall protection, hard hats, safety glasses, earplugs, and foot protection.

policy

Senior management statement that guides the program administration processes; reflects management's attitudes and commitment to safety; and defines the authority and respective relationships required to accomplish the company's goals and objectives.

practice

A guideline that governs employee conduct in a given situation.

pre-shift inspection

Documentation completed before a shift begins. Pre-shift inspections are used as part of a hazard identification program.

procedure

An established and defined series of steps for performing a work task.

<i>qualified individual</i>	A person who is knowledgeable of the work, the hazards involved, and the means to control the hazards, by reason of education, training, experience, or a combination of those three items.
<i>return to work (RTW) plan</i>	An individualized, planned process to manage the impact of a worker's injury or illness. An RTW plan specifies when an employee can safely return to alternate or modified duties, and when the employee can safely resume full duties. Alternate or modified work included in the plan should be meaningful and productive. All RTW plans should have a specified end date.
<i>risk</i>	The chance of injury or occupational disease.
<i>risk assessment</i>	A process in which the risks associated with a particular workplace hazard are analyzed or evaluated. A risk assessment helps determine what actions are necessary to control (eliminate or minimize) the hazard.
<i>root cause</i>	The underlying reason that an incident occurred. Root causes are useful because they point toward deficiencies in the safety system; and they are correctable.
<i>safeguarding</i>	Any measure that provides effective protection from harmful contact with hazardous energy source or substance
<i>standard</i>	A defined measure of effective performance.
<i>supervisor</i> duties.	A person who instructs, directs, and controls workers in the performance of their
<i>training</i>	A process by which a skill is developed.
<i>toxic process gas</i>	A gas that meets the WHIMIS toxicity classification criteria for a class D Division 1 Subdivision A or class D Division 2 controlled product and is used for purposes of an industrial process in which a precursor is changed into a product, refrigeration by means of a pipeline installation, or treatment of materials.

unsafe act

An unsatisfactory behaviour that is not in compliance with a required standard or legislation, and which increases the risk of injury or occupational disease.

unsafe condition

A physical condition that is not in compliance with a required standard, and which increases the risk of injury or occupational disease. Examples include poor housekeeping, inadequate ventilation, and defective tools or equipment.

worker

A person who has entered into or works under a contract of service or apprenticeship, written or oral, express or implied, whether by way of manual labour or otherwise.

The SAW/RTW model was developed because of a need to reduce needless work absence, job loss, and the negative consequences that arise from health related incidents. Management, unionized and non-unionized employees are all eligible.

The SAW/RTW model is a proactive way for employers to support and assist employees so they can stay or return to work as soon as possible. It is based on the perspective that many people can work as part of their therapy, recovery or stabilization process.

Employees may be asked to perform modified duties during their recovery process. For employees that have been away from the job, SAW/RTW helps employees integrate back into the workforce earlier than conventional models.

The SAW/RTW program does not replace existing prevention programs; it works in conjunction with them to provide guidance if a health related incident occurs.

As a member of the working party behind the new resource, Lisa McGuire is particular excited about its launch.

“I see this as means to revolutionize the way businesses manage this important area of their operations,”... “This is a comprehensive but user friendly tool that guides employers through the process of effectively managing injuries and ill health in the workplace.”

About us

The Manufacturing Safety Alliance of BC, formerly known as FIOSA-MIOSA Safety Alliance of BC, was established in December 2007 to reduce the high injury rate in the food and manufacturing industries.

Our mission

We are catalysts for improving workplace health and safety within the BC Manufacturing Industry. Our leading edge health and safety programs, services and tools enable companies to make a difference in the lives of their employees – every day.

Our vision

Partnering with BC's industry leaders to achieve cultural change that ensures safe workplaces for all employees. The Manufacturing Safety Alliance of BC strives to accomplish our mission and vision through the delivery of a variety of core services including:

- Training in areas such as occupational health and safety (OHS) leadership, program building, and auditing.
- Consultation and advisory services.
- The certifying partner for the Occupational Safety Standard of Excellence (OSSE) in partnership with WorkSafeBC.

For more information please contact us: