



Complete Program Title: Return to Work Program	Risk Management Manual (RMM) Number: 1002
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Responsible Executive: Vice-President, Administration	Enquiries: Environmental and Occupational Health Support Services (EOHSS) eohtss@mcmaster.ca
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1 PROGRAM STATEMENT

- 1.1 McMaster University is committed to a fair and consistent approach to early and safe return to the workplace following illness or injury or occupational disease. The contributions of employees and their presence in the workplace are essential to the achievement of the University's mission. The University recognizes that accommodations may be required to assist employees in their reintegration to the workplace.

2 PURPOSE

- 2.1 To minimize the negative human and financial impact of absence due to illness, injury or occupational disease by returning the employee back to safe and productive work as soon as the employee is medically fit.
- 2.2 To outline procedures, requirements, roles, and expectations for managing return to work due to illness, injury or occupational disease.
- 2.3 To ensure compliance with the Occupational Health & Safety Act, Workplace Safety & Insurance Act, Ontario Human Rights Code and applicable collective agreements.

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- 2.4 To promote a partnership of the Employer, employee, healthcare provider(s), applicable unions, and applicable insurance carriers.
 - 2.5 To outline procedures for successful return to work planning within an employee's functional abilities and to restore pre-disability income, where meaningful work can be assigned.

3 SCOPE

- 3.1 The Return to Work Program applies to all McMaster University employees.

4 RELATED DOCUMENTS

- 4.1 Accessibility for Ontarians with Disabilities Act, (AODA) 2005
- 4.2 Employee Health Services Confidentiality Principles
- 4.3 Occupational Health & Safety Act (OHSA) R.S.O. 1990.
- 4.4 Ontario Human Rights Code, 1990
- 4.5 McMaster University Policy on Employment Accommodation
- 4.6 McMaster University RMM# 100 Workplace and Environmental Health and Safety Policy
- 4.7 McMaster University RMM# 405 Ergonomics Program
- 4.8 McMaster University RMM# 1000 Reporting & Investigating Injury/Incident/Occupational Disease Program
- 4.9 McMaster University RMM# 1204 First Aid Program
- 4.10 Workplace Safety & Insurance Act of Ontario, 1997
- 4.11 McMaster University Collective Agreements, as applicable.

5 DEFINITIONS & ACRONYMS

- 5.1 **Accommodation** – change, adaptation or adjustment of an employee's work and/or workplace environment to enable that employee to perform the regular duties of a job in a healthy and safe manner.
- 5.2 **Health Claim File** – Documents relating to an employee's occupational or non-occupational injury/illness/disease claim and are kept in the control of the Employee Health Services Consultant. May include correspondence, forms, functional abilities, doctor's notes, and RTW planning documents.

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- 5.3 **Disability** – As defined in the Ontario Human Rights Code, as follows: any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness, a condition of mental retardation or impairment, a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language, a mental disorder, or an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.
- 5.4 **Employee** – Person who performs work or supplies services for wages.
- 5.5 **Essential Duties** – The fundamental job duties required of a position.
- 5.6 **Functional Abilities** – A medically supported maximum or minimum amount, quantity or number that is temporary or permanent, and that directly relates to an employee’s physical/mental capabilities in reference to the job duties.
- 5.7 **Medical File** – Medical documentation provided by the employee or the employee’s attending healthcare provider to be kept in control by McMaster’s Occupational Health Nurse and/or Occupational Health Consultant for the purposes of assessing a request for medical accommodation and/or absence from work, documents medical precautions, and/or return to work planning.
- 5.8 **Illness** – Poor health resulting from disease of body or mind.
- 5.9 **Injury** – An injury is physical harm or damage to a person resulting in the marring of appearance, personal discomfort and / or bodily hurt or impairment.
- 5.10 **Lost Time** – Lost time refers to absence from work beyond the day of injury.
- 5.11 **Maximum Medical Recovery** – Means a worker who has reached a plateau in their recovery and it is not likely that there will be any further significant improvement in their medical impairment.
- 5.12 **Medically Fit** – An employee who is physically and mentally able to perform the essential duties of the position.
- 5.13 **Modified Work** – Modified work is work for which an employee is able to fulfill the regular duties within the employee’s Functional Abilities and is the product of the modification of the employee’s pre-disability position.
- 5.14 **Occupational Disease** – An occupational disease is an illness that has its etiology in the work environment. It may be caused by acute or chronic exposure to a physical, chemical, or biological agent in the workplace. It may appear months or years after the exposure has occurred.
- 5.15 **Occupational Injury/Illness** – An injury/illness, which arises out of the course of employment.
- 5.16 **Permanent Impairment** – Means impairment that continues to exist after the worker reaches maximum medical recovery.

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- 5.17 **Restrictions** – Anything related to an illness, injury or disease that prevents an employee from completing a particular job task/duty as outlined and supported through medical evidence.
- 5.18 **Supervisor** – Person who has charge of a workplace or authority over an employee.
- 5.19 **Workplace Parties** – May consist of any or all of the following; Employer, employee, Supervisor, Manager, union, occupational health consultant, and EHS.
- 5.20 **Work Reintegration Plan** – A documented plan to return an injured or ill employee to the workplace in an early and timely manner as soon as possible.
- 5.21 **Acronyms:**
- APS** – Attending Physician’s Statement
- EHS** – Employee Health Services
- EOHSS** – Environmental & Occupational Health Support Services
- FAF** – Functional Abilities Form (either non-occupational and/or WSIB versions)
- LTD** – Long Term Disability
- OHN** – Occupational Health Nurse
- OHC** – Occupational Health Consultant
- RMM** – Risk Management Manual
- RMSG** – Risk Management Support Group
- RTW** – Return to Work
- WRP** – Work Reintegration Plan
- WSIA** – Workplace Safety & Insurance Act
- WSIB** – Workplace Safety & Insurance Board

6 RESPONSIBILITIES

6.1 Role of Senior Management:

Senior Managers and Their Designates shall:

- Ensure return to work issues are identified, and solutions implemented for employees’ timely and safe integration to the workplace.
- Ensure employees are aware of the RTW Program.
- Shall inform EHS as appropriate of an employee’s absence in a timely fashion.

6.2 Role of Supervisor

The Supervisor shall:

- Promote, communicate, and educate employees about the Employer's commitment to successful RTW practices.
- Accept requests for modified work in good faith.
- Actively participate in the identification of suitable modified work, canvass various forms of possible accommodation and attempt to modify such work within the employee's functional abilities.
- Cooperate in, and create opportunities for, return to work planning, having regard for the employee's functional abilities. This is done in collaboration with the Workplace Parties including the employee, the EHS Consultant, and union (where applicable).
- Contact the employee as soon as possible after the injury/illness occurs, and maintain regular communication with the employee throughout the period of recovery and impairment. The communication schedule will be reasonable. For guidelines contact EHS.
- Actively participate in work reintegration meetings with employees and schedule regular follow-up meetings to review progress.
- Regularly monitor the progress of each employee's WRP.
- Maintain confidentiality.

6.3 Role of Employee

The employee shall:

- Advise the Supervisor of any medical absence from work, in accordance with the applicable collective agreement or terms and conditions of employment.
- Receive appropriate medical care and actively participate in treatment programs, as recommended by a physician.
- Provide necessary medical documentation in a timely manner to support absence from work and answer questions regarding relevant restrictions or limitations, including information from health care providers, where appropriate and as needed.
- Cooperate in the RTW Program by:
 - a) Ensuring the WRP is consistent with the physician's recommendation(s).

- b) Make accommodation needs known, preferably in writing, to those who need to know, so that appropriate modified work and accommodations may be implemented, as medically required.
- c) Maintaining regular contact with their Supervisor and EHS Consultant throughout the recovery process and during the development and implementation of the Return to Work Plan.
- d) Actively participating in discussions for the identification of suitable modified work and attempt to perform such work within their functional abilities.
- e) Communicating any difficulties with the modified work to their Supervisor, and EHS Consultant.
- f) Meeting agreed-upon performance and job standards once modified work is provided.

6.4 **Role of EHS Consultant**

The EHS Consultant shall:

- Facilitate the early and safe return to work through a coordinated effort with the relevant Workplace Parties.
- Maintain confidential health claim files.
- Ensure practices are compliant with legal requirements and applicable collective agreements.
- Provide education and information on work reintegration principles to Supervisors and employees.
- Limit requests for medical documentation to those treating health practitioners who are involved in the employee's medical care, treatment and modified work recommendations.
- Ensure required documentation is completed and provided to appropriate insurance carriers and/or University Occupational Health Nurse or Occupational Health Consultant.
- Provide Supervisors with appropriate information regarding employee's functional abilities, to be used in RTW planning.
- To assist in determining the most appropriate accommodation to be undertaken, short of undue hardship.
- Coordinate RTW meetings as necessary.
- Accept requests for modified work in good faith, unless there are legitimate reasons for acting otherwise.

- Monitor progress of WRP and coordinate any adjustments to the WRP.
- Conduct periodic evaluation of the effectiveness of the Return to Work Program.

6.5 Role of Occupational Health Nurse & Occupational Health Consultant
The occupational health team shall:

- Collect, and securely store and review all confidential medical information.
- Determine if medical evidence is satisfactory, and comment on prognosis for return to work and/or functional abilities to the EHS Consultant.
- Collaborate with EHS Consultant and employee's attending physician(s) as appropriate with the necessary employee consent.
- Maintain confidentiality of medical information.

6.6 Role of Union
Union Representative(s) will be expected to:

- Represent and provide support to employees in their bargaining unit, as requested.
- Counsel its members with respect to co-operation in the RTW Program, as required or requested.
- Participate in the RTW process and WRP development, as required or requested.
- Maintain confidentiality of all RTW participants.
- Assist in the identification of suitable modified work, as requested.
- Help members liaise with the EHS Consultant, Supervisor and/or 3rd parties when requested.

6.7 Role of Health Care Providers
Health Care Providers are expected to:

- Provide up-to-date and timely medical information and medical recommendations.
- Complete all forms as requested by Employer, employee and/or insurance carrier and/or government benefit forms.
- Act as a resource to the Workplace Parties.

6.8 Role of Workplace Safety & Insurance Board (WSIB)
The Role of the WSIB is to:

- Work together with all parties toward a shared goal of early and safe return to work and full productivity.

- Manage, monitor and make decisions in connection with WSIB claims.
- Provide advice, education, assistance and dispute resolution services to the Workplace Parties.
- Facilitate cooperation of all Workplace Parties in preparation for re-employment.
- Provide compensation and other benefits as prescribed by the Workplace Safety and Insurance Act.

6.9 **Role of Ministry of Labour (MOL)**

The Role of the MOL is to:

- Promote health and safety in workplaces and to prevent and reduce the occurrence of workplace injuries and occupational diseases.

6.10 **Role of Long Term Disability Insurance Carriers**

Where eligible to participate in the Long Term Disability plan, the Long Term Disability insurer carrier is expected to:

- Work together with all parties toward a shared goal of early and safe return to work and return to full productivity.
- Manage, monitor and render decisions for the LTD claim.
- Provide advice, education, and assistance to the Workplace Parties.
- Ensure appropriate payment of benefits.
- Fulfill roles and duties as defined in each contract. See appropriate insurer contract for details.

7 PROCEDURE

Applies to both occupational and non-occupational illness/injury

The RTW process may contain all or some of the following components based on the complexity and nature of the medical restrictions:

- Timely offer of suitable modified duties.
- Documentation sent to appropriate individuals (employee, WSIB, Supervisor, OHN, Physician).
- The University may require the employee to be seen by a physician of the University's choice.
- Establish the actions required and/or resources to be accessed to implement the WRP - determined by EHS Consultant.

- Determination that the employee is able to perform the essential duties of the pre-disability position.

7.1 Principles of Modified Work:

7.1.1 Modified work shall be of value to the University and Employee.

7.1.2 Modified work shall not aggravate the employee's condition.

7.1.3 Modified work of one employee shall not have the effect of creating a hazard to another employee.

7.1.4 Modified work shall assist the employee in returning to their pre-disability position, if possible.

7.1.5 An employee performing Modified work shall do so for the length of time as determined in the WRP, wherever possible. This pre-determined duration is subject to change in accordance with updated medical documentation.

7.2 Non – Occupational Injury/Illness/Disease

7.2.1 For absences caused by a non-occupational related injury/illness/disease, an employee will participate in the RTW Program as deemed necessary by an absence or as defined in the respective collective agreement, or where the employee can return to work but is unable to fulfill all of their regular job duties due to the non-occupational related illness/injury/disease.

7.2.2 The Supervisor/Manager is responsible for advising the EHS Consultant as soon as they become aware that an employee's absence may extend or has extended beyond 10 business days, or as defined by the respective collective agreement, so that the EHS Consultant may take the appropriate steps to initiate the employee's participation in the Return to Work Program.

7.2.3 It is the responsibility of the employee to keep their Supervisor informed of the status of any absence related to non-occupational injury/illness/disease, in accordance with departmental procedures and their respective collective agreement, as applicable.

7.2.4 If an employee reports a non-occupational injury/illness/disease, and the expected duration of the absence is 10 days or more, the EHS Consultant will send the employee an Attending Physician Statement (APS). The APS form is to be completed by the employee and the attending physician and returned to McMaster's Occupational Health Nurse or Occupational Health Consultant within the required timeframes, as specified. Failure to participate in the work reintegration program may impact an employee's benefit eligibility.

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- 7.2.5 The employee is required, when requested, to provide medical documentation prior to returning to work following an absence due to non-occupational injury/illness/disease. The documentation shall indicate the employee's functional abilities, duration of modified work, and/or a gradual increase in hours, if medically necessary. In some cases it may be necessary to clarify prognosis, abilities and return to work details with the employee's attending physician. In such instances, the Occupational Health Nurse or Occupational Health Consultant will contact the employee's attending physician.
- 7.2.6 When an employee is declared fit to return to work by their attending physician(s) and/or the Occupational Health Nurse or Occupational Health Consultant, with no accommodation, the employee will return to the pre-disability position.
- 7.2.7 Where modified work or gradual RTW is required, a WRP will normally be developed and documented. The RTW Plan will be developed by the Employer in coordination with the attending physician, the LTD insurance carrier, if applicable, and all relevant Workplace Parties.
- 7.2.8 Once agreed upon the EHS Consultant, the Supervisor/Manager, the employee and a union representative (where applicable) will normally meet to discuss all aspects and expectations of the Plan, and to address and resolve any concerns of the employee and/or Supervisor/Manager.
- 7.2.9 The employee will be expected to schedule medical and/or rehabilitation appointments, when possible, outside of scheduled working hours.
- 7.2.10 The progress of the RTW Plan will be monitored by the Supervisor and the EHS Consultant. The Supervisor and employee shall meet regularly during the initial phase of the Return to Work Plan to ensure its successful progress. Where difficulties arise, the EHS Consultant will be consulted.
- 7.2.11 At the successful conclusion of the work reintegration plan, the EHS Consultant will inform the insurance carrier, payroll department and document the claim file, as appropriate.
- 7.3 Occupational Injury/Illness/Disease**
- 7.3.1 When an injury/illness/disease occurs in the workplace the first priority will be to ensure the employee receives appropriate medical treatment. The injury shall be reported as soon as possible by the employee to the Supervisor, or designate.
- 7.3.2 The Supervisor shall report any occupational injury, illness or disease within 24 hours of learning of the injury, illness or disease by completing the McMaster University

Injury/Incident Report Form and forwarding it to EOHSS or the Faculty of Health Sciences Safety Office.

- 7.3.3 Where an employee receives medical treatment, requires modified work, or incurs Lost Time due to an occupational injury, illness or disease the employee will participate in the RTW process as required by WSIA.
- 7.3.4 For occupational injury/illness/disease, where the employee requires medical treatment, the employee shall be given a WSIB FAF by their Supervisor to be completed by the healthcare practitioner. Available online at www.workingatmcmaster.ca and www.wsib.on.ca
- 7.3.5 In cases of emergency, when it is not feasible for the employee to obtain an FAF before leaving the workplace, the employee will advise EHS of the location and the name of the healthcare practitioner as soon as possible. The Supervisor or EHS Consultant will forward the FAF to the healthcare practitioner for completion.
- 7.3.6 The employee shall return the completed FAF to their Supervisor within 24 hours of its completion. If restrictions are defined, there will be a review by the Supervisor and/or the EHS Consultant for consideration of modified work, and a WRP will be developed.
- 7.3.7 For Lost Time claims or where modified work is required, the Supervisor and/or EHS Consultant will immediately offer modified work to the employee. A detailed written offer of modified work will be issued to the employee immediately, but no later than 2 business days after learning of the occupational injury, illness or disease. A copy will be provided to the WSIB and the employee shall immediately provide this modified work description to their healthcare practitioner for review.
- 7.3.8 It is the responsibility of the employee to keep their Supervisor informed of the status of any absence related to an occupational injury, illness or disease.
- 7.3.9 The employee will be expected to schedule medical and/or rehabilitation appointments when possible outside of scheduled working hours.
- 7.3.10 If the employee loses time from work or seeks healthcare, the EHS Consultant will complete an Employer's Report of Injury/Disease, (Form 7) and provide it to the WSIB within 3 days of learning of the occupational injury/illness/disease. A copy of the Form 7 will be provided to the employee.
- 7.3.11 Employee will provide EHS Consultant with copy of Form 6.
- 7.3.12 For occupational injury, illness or disease failure to comply with the procedure may impact an employee's benefit eligibility or may result in financial penalties to the department. (WSIB Operational Policy, #19-04-07)

7.3.13 Where modified work or gradual RTW is required, a WRP will normally be prepared. The WRP will be developed by the Employer in coordination with the healthcare practitioner, the WSIB, and all relevant Workplace Parties.

7.3.14 Once prepared the EHS Consultant, the Supervisor, the employee and a union representative (where applicable) will normally meet to discuss the Plan.

7.3.15 In cases where the workplace parties are unable to agree on the details or implementation of the WRP, the plan will be referred to WSIB for mediation and decision.

8 RECORDS

8.1 EHS will collect and maintain all claim files for employees. Records will be kept for the duration of the employee's employment with the University. WSIB claim files will be kept permanently.

8.2 The University's Occupational Health Nurse and/or Occupational Health Consultant will receive, and maintain the employee medical files. All medical files are kept in strict confidence under the control of the Occupational Health Nurse.

8.3 Supervisors shall maintain documents relating to their employee's functional abilities and WRP for the duration of the plan. Where permanent restrictions are required, a notation will be made in an employee's personnel file in Human Resources Services to contact EHS for information on the restrictions. The University will comply with *the Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990) as required.