





Risk Management Manual Program

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1 PURPOSE

- 1.1 To manage the insurance coverage in place for employees should they incur occupational injury/illness/disease as stipulated by the Workplace Safety & Insurance Act of Ontario.
- 1.2 To minimize the negative human and financial impact of absence due to illness, injury or occupational disease by returning the worker back to safe and productive work as soon as the worker is medically fit.
- 1.3 To outline the procedures, requirements, roles and expectations for managing occupational illness, injury or disease. To ensure compliance with the Occupational Health & Safety Act (OHSA), Workplace Safety and Insurance Board (WSIB).
- 1.4 To outline the procedures for successful return to work planning within a worker's functional abilities to restore pre-disability income, where meaningful work can be assigned.

2 SCOPE

- 2.1 The WSIB Program applies to all McMaster University workers eligible for WSIB benefits.

3. Related Documents

- 3.1 Accessibility for Ontarians with Disabilities Act, (AODA) 2005
- 3.2 Personal Health Information Privacy Principles
- 3.3 McMaster Emergency Guidebook Security and Parking Services 4.1
- 3.4 McMaster University Injury/Incident Report Form
- 3.5 McMaster University Return to Work Program, RMM 1002
- 3.6 Occupational Health & Safety Act (OHSA), R.S.O. 1990
- 3.7 Workplace and Environmental Health and Safety Policy, RMM 100
- 3.8 Ontario Human Rights Code, 1990
- 3.9 Workplace Safety & Insurance Act of Ontario, 1997
- 3.10 Relevant Collective Agreements
- 3.11 McMaster University Policy on Employment Accommodation
- 3.12 First Aid Program, RMM 1204
- 3.13 WSIB Management Manual
- 3.14 WSIB Workplace Party Co-Operation – Document # 19-02-03
- 3.15 Reporting and Investigating Injury/Incident/Occupational Disease Program, RMM 1000

4. DEFINITIONS & ACRONYMS

- 4.1 **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.
- 4.2 **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.
- 4.3 Critical Injury as defined by R.R.O. 1990, Reg. 834:
An injury of a serious nature that:
 - a) Places life in jeopardy;
 - b) Produces unconsciousness;
 - c) Results in substantial loss of blood;
 - d) Involves the fracture of a leg or arm but not a finger or toe;
 - e) Involves the amputation of a leg, arm, hand, or foot but not a finger or toe;
 - f) Consists of burns to a major portion of the body; or
 - g) Causes the loss of sight in an eye.
- 4.4 **First Aid Injury** – Occurs when a worker sustains a work-related injury requiring only first aid.

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- 4.5 **Functional Abilities:** The actual or potential capacity of an individual to perform the duties of their job. These abilities can be related to both physical and cognitive.
- 4.6 **Employee Health/RTW File –** Documents relating to an employee’s occupational or non-occupational illness, injury or occupational disease claim and are kept in the control of the EHS specialist. May include correspondence, forms, functional abilities, and RTW planning documents.
- 4.7 **Health Care/Medical Aid Injury:** Occurs when a worker sustains a work-related injury for which there is no lost time from work, other than the day of the incident, but medical attention from a chiropractor, physician, physiotherapist or registered nurse (extended class) is sought. The WSIB may cover the healthcare costs resulting from the injury if the claim is approved.
- 4.8 **Incident:** An unforeseen or unplanned occurrence or a sequence of events, which could result in or have resulted in unintended injury, death, and/or property damage.
- 4.9 **Employee –** Person who performs work or supplies services for monetary compensation.
- 4.10 **Illness -** Poor health resulting from disease of body or mind.
- 4.11 **Injury -** An injury can be physical and/or psychological and causes harm or damage to a person resulting in impairment.
- 4.12 **Lost Time -** Refers to absence from regular work beyond the day of injury. Lost time also includes working partial hours during recovery from the injury.
- 4.13 **Lost Time Injury -** Occurs when the worker sustains a work-related injury which results in lost time from work after the day of the incident.
- 4.14 **Maximum Medical Recovery -** A worker who has reached a plateau in their recovery and is not likely that there will be any further significant improvement in their medical impairment.
- 4.15 **Employee Medical File -** Medical documentation provided by the employee or the employee’s attending healthcare provider is 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.
- 4.16 **Medically Fit -** An employee who is physically and mentally able to perform the essential duties of the position.

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- 4.17 **Modified Work** - 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.
- 4.18 **Occupational Disease** - 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.
- 4.19 **Permanent Impairment** - An impairment that continues to exist after the worker reaches maximum medical recovery.
- 4.20 **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.
- 4.21 **Supervisor** - Person who has charge of a workplace or authority over a worker.
- 4.22 **Worker** - means any of the following, but does not include an inmate of a correctional institution or like institution or facility who participates inside the institution or facility in a work project or rehabilitation program:
1. A person who performs work or supplies services for monetary compensation.
 2. A secondary school student who performs work or supplies services for no monetary compensation under a work experience program authorized by the school board that operates the school in which the student is enrolled.
 3. A person who performs work or supplies services for no monetary compensation under a program approved by a college of applied arts and technology, university, or other post-secondary institution.
 4. Such other persons as may be prescribed who perform work or supply services to an employer for no monetary compensation; ("travailleur")
- 4.23 **Acronyms:**

EHS - Employee Health Services

ESRTW - Early and Safety Return to Work

EOHSS - Environmental and Occupational Health Support Services

FAF - Functional Abilities Form

FHSSO - Faculty of Health Sciences Safety Office

HHS - Hamilton Health Sciences

JHSC - Joint Health and Safety Committee

LOE – Loss of Earnings
LRI – Loss of Retirement Income
LTD – Long Term Disability
MOLTSD – Ministry of Labour, Training and Skills Development
NEER – New Experimental Experience Rating
OD & SBP – Occupational Disease and Supervisors' Benefits Program
OHRC – Ontario Human Rights Code
OHSA – Occupational Health and Safety Act
RMM – Risk Management Manual
RTW – Return to Work
SIEF – Second Injury Enhancement Fund
WSIAT – Workplace Safety Insurance Appeals Tribunal
WSIA – Workplace Safety & Insurance Act
WSIB – Workplace Safety & Insurance Board

5. RESPONSIBILITIES

5.1 Role of Senior Management:

Senior Managers and Their Designates shall:

- Review and sign the Injury/Incident Report Form
- Ensure that recommendations for corrective actions have been implemented.
- Provide senior leadership and support to facilitate ESRTW initiatives.
- Ensure return to work issues are identified, and solutions implemented for workers timely and safe work re-integration.
- Ensure workers are aware of the WSIB Program and the RTW Program.
- Actively participate in the prevention of the workplace injuries.

5.2 Role of Supervisor

The Supervisor shall:

- Ensure that medical treatment is provided in case of injury or illness.
- Ensure that transportation for the injured worker is provided to a healthcare practitioner or to the person's home if necessary.
- Investigate all incidents/accidents and implement the appropriate corrective action to prevent reoccurrence.
- Notify EOHSS or FHSSO immediately in the event of a critical injury in order to contact MOLTSD as required. The designated Worker Member of the JHSC will be contacted to investigate.
- Report all injuries/incidents within 24 hours of learning of the injury/incident by completing McMaster University's Injury/Incident Report Form and sending to EOHSS email (eohtss@mcmaster.ca) or FHSSO email (fhssso@mcmaster.ca).
- Actively participate in the identification of suitable modified work and attempt to modify such work within the worker's functional abilities.

- Cooperate in, and create opportunities for, return to work planning, having regard for the worker's functional abilities. This is done in collaboration with the workplace parties including the EHS Consultant, and the union (where applicable).
- Contact the worker as soon as possible after the injury/illness occurs, and maintains, regular and reasonable communication with the worker throughout the period of recovery and impairment.
- Actively participate in RTW meetings with workers and schedule regular follow-up meetings to review progress.
- Regularly monitor the success of each workers Return to Work Plan.
- Actively participate in the prevention of workplace injuries.
- Maintain confidentiality and adhering to privacy legislation (PIPEDA, PHIPA and FIPPA). Under no circumstances should a supervisor request disclosure of confidential medical information.

5.3 Role of Employee

The Employee shall:

- Promptly receive first aid if necessary.
- Notify the supervisor immediately of any incident/injury, including injuries which do not require medical attention or lost time.
- Receive appropriate medical care and actively participate in treatment programs, as recommended by healthcare provider.
- Provide necessary medical documentation in a timely manner to support absence from work.
- Complete and promptly return all report forms received from the WSIB.
- Cooperate in the RTW Program by:
 - Participate in the development of the RTW plan to be consistent with the healthcare provider's recommendation.
 - Maintaining regular contact with their supervisor and EHS Consultant throughout the recovery process and during the development and implementation of the RTW Plan.
 - Actively participating in the identification of suitable modified work and attempt to perform such work within their functional abilities.
 - Ensuring that they are working within their functional abilities as identified by their healthcare provider.

5.4 Role of Employee Health Services Specialist

EHS Specialist shall:

- Facilitate the early and safe work re-integration through a coordinated effort with the relevant workplace parties.
- Ensure practices are compliant with the WSIB Program, legal requirements and applicable collective agreements.
- Provide education and information on RTW principles to supervisors and workers.
- Ensure required documentation is completed and provided to the WSIB.
- Follow the claims management process to manage a worker's WSIB claim.
- Provide supervisors with appropriate information regarding worker's functional abilities, to be used in RTW planning.
- Coordinate RTW meetings as necessary.
- Monitor progress of RTW plan and coordinate any adjustments to the plan.
- Conduct periodic evaluation of the effectiveness of the WSIB Program and the RTW Program.
- Maintain confidential health claim files.

5.5 Role of Occupational Health Team

Occupational Health Team shall:

- Collect, store and review all confidential medical information.
- Determine if medical evidence is satisfactory, and comment on prognosis for work re-integration and/or functional abilities to the EHS Specialist.
- Collaborate with EHS Specialist and the worker's attending physician(s) as appropriate with the necessary worker consent.
- Assist the EHS Specialist with writing contesting letters, SIEF requests, file review and appeals to the WSIB.

5.6 Role of Union Representatives

Union Representatives are expected to:

- Represent and provide support to employees in their bargaining unit, as requested.
- Counsel its members with respect to co-operation in the WSIB and RTW Programs as required or requested.
- Participate in the RTW process and RTW Plan 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 Specialist and/or supervisor, when requested.
- Assist members in filling out appropriate paperwork required by the WSIB, when requested.

5.7 Role of Workplace Safety & Insurance Board (WSIB)

WSIB shall:

- Promote health and safety in workplaces and to prevent and reduce the occurrence of workplace injuries and occupational diseases.
- Work together with all parties towards a shared goal of early and safety re-integration into the workplace 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 WSIB.

7. PROCEDURES

7.1 Accident Reporting and Follow-up Documentation

- Workers will immediately report injuries/incidents to their supervisor.
- Workers and their supervisor will complete the [Injury/Incident Report Form](#).
- Supervisors shall report all injuries/incidents within 24 hours of learning of the injury/incident by completing and emailing McMaster University's Injury/Incident Report
- Should a department fail to report an injury within 24 hours of being notified by a worker that an incident occurred, any late filing charge associated with the worker's WSIB claim will be charged directly to the department responsible.
- In the event of a fatality or critical injury, the supervisor will contact EOHSS immediately. During non-business hours the supervisor should call Security Services by dialing 88 and Security will contact EOHSS. For Hamilton Health Sciences (HHS) or off-site locations, contact the area supervisor.
- In the event of any reported injury, supervisors will conduct an investigation as outlined above using McMaster University's Injury/Incident Report Form.
- Supervisors shall document corrective actions and their completion using the Supervisor's Follow-up Form (RMM 100 Reporting and Investigating Injury/Incident/Occupational Disease Program) and then subsequently emailing eohts@mcmaster.ca or FHSSO fhss@mcmaster.ca.

7.2 Contact with the Worker

- The supervisor shall contact the worker as soon as possible after the injury/illness occurs and maintain regular and reasonable communication with the worker throughout the period of recovery and impairment.
- Offer suitable modified work immediately following the reported injury.
- Educate and provide awareness of RTW program and accommodation.

7.3 WSIB Claims Management Process

- 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/illness/disease injury shall be reported as soon as possible by the employee to the Supervisor or designate.

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- 7.3.2 The Employee shall report any injury/illness/disease related that arose out of the course of employment occupational injury, illness or disease within 24 hours of learning of the injury/illness/disease 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 If the employee loses time from work or seeks healthcare, the EHS Consultant Specialist 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.
- 7.3.4 For occupational injury/illness/disease, where the employee requires medical treatment, the employee shall provide the employer a copy of the WSIB's Health Professional Report (Form 8) and provide to their Supervisor page two of the form which outlines limitations and restrictions if accommodation is required. 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.
- 7.3.5 The supervisor and/or Employee Health Services Specialist may request updated Functional Ability Forms to be completed for the duration of the modified work.
- 7.3.6 For Lost Time claims or where modified work is required, the Supervisor and/or EHS Consultant Specialist on behalf of the supervisor 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 injury/illness/disease 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.
- 7.3.7 It is the responsibility of the employee to keep their Supervisor informed of the status of any absence related to an occupational injury/illness/disease injury, illness or disease.
- 7.3.8 The employee will be expected to schedule medical and/or rehabilitation appointments when possible outside of scheduled working hours.
- 7.3.9 Employee will provide EHS Consultant Specialist with copy of Form 6.
- 7.3.10 For occupational injury/illness/disease 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)

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- 7.3.11 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.
- 7.3.12 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.
- 7.3.13 EHS will analyze claim decisions in accordance with WSIB Operational Policies and make determination if further action is required as a result of WSIB decisions.
- 7.3.14 When a worker objects to or continues to pursue an objection with the WSIB on any claim matter, EHS would advise on the nature of the University's participation and act as representative on a go forward basis.

8 RECORDS

- 8.1 The University will comply with *the Freedom of Information and Protection of Privacy Act* of Ontario (*FIPPA*), and the *Personal Health Information Protection Act (PHIPA)* when collecting, using, retaining, disclosing, or destroying documentation. The university *Privacy Governance & Accountability Framework* provides direction on the management of files containing personal and personal health records.
- 8.2 EHS will collect and maintain all Employee Health/Return to Work Files for employees. Records will be kept for the duration of the employee's employment with the University, plus fifty years, in compliance with the university Records Retention Schedule.
- 8.3 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 in accordance with FIPPA and PHIPA.
- 8.4 Supervisors shall securely 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 Employee Medical File with the Occupational Health Office.