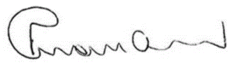





Risk Management Manual Program

Complete Program Title: Return to Work Program	Risk Management Manual (RMM) Number: 1002
Approved by:  Vice-President, Administration  President and Vice-Chancellor	Date of Most Recent Approval: May 2021
Date of Original Approval: March 2008	Supersedes/Amends Program dated: August 2012
Responsible Executive: Vice-President, Administration	Enquiries: Employee Health Services Team ehss@mcmaster.ca
DISCLAIMER: <i>If there is a discrepancy between this electronic program and the written copy held by the program owner, the written copy prevails.</i>	

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, 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 assist employees with returning 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 the return to work of an employee following a medical leave from work.
- 2.3 To ensure compliance with the Occupational Health & Safety Act, Workplace Safety & Insurance Act, Ontario Human Rights Code and applicable collective agreements.

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 safe and successful return to work planning

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 McMaster Emergency Guidebook Security and parking Services 4.1

4.4 *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990) as required (FIPPA)

4.5 Personal Health Information Privacy Principles Occupational Health & Safety Act (OHSA) R.S.O. 1990.

4.6 Ontario Human Rights Code, 1990

4.7 McMaster University Policy on Workplace Accommodation

4.8 [McMaster University Guide and Procedures on Workplace Medical Accommodation](#)

4.9 McMaster University RMM# 100 Workplace and Environmental Health and Safety Policy

4.10 McMaster University RMM# 405 Ergonomics Program

4.11 McMaster University RMM# 1000 Reporting & Investigating Injury/Incident/Occupational Disease Program

4.12 McMaster University RMM# 1204 First Aid Program

4.13 Workplace Safety & Insurance Act of Ontario, 1997

4.14 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 **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.
- 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** – are the basic job duties that an employee must be able to perform, with or without reasonable accommodation.
- 5.6 **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 capabilities.
- 5.7 **Employee Medical File** – Medical documentation provided by the employee or the employee’s 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, documented 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 can be physical and/or psychological and causes harm or damage to a person resulting in impairment.
- 5.10 **Medically Fit** – An employee who is physically and mentally able to perform the essential duties of the position.
- 5.11 **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.
- 5.12 **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.

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- 5.13 **Supervisor** – Person who has charge of a workplace or authority over an employee.
- 5.14 **Workplace Parties** – May consist of any or all of the following; Employer, employee, Supervisor, Manager, union, occupational health consultant, and EHS.
- 5.15 **Work Reintegration Plan** – A documented plan that outlines the plans to help an employee return to work following a medical leave from work.
- 5.16 **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.
- Maintain confidentiality and adhering to privacy legislation (PIPEDA, PHIPA and FIPPA). Under no circumstances should a supervisor request disclosure of confidential medical information.
- 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 Specialist, 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.
- 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.

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.

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- 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 Specialist 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.

6.4 **Role of EHS Specialist** **The EHS Consultant shall:**

- Facilitate the early and safe return to work through a coordinated effort with the relevant Workplace Parties.
- Maintain confidential Employee Health/Return to Work files.
- Ensure practices are compliant with legal requirements and applicable collective agreements.
- Provide education and information on work reintegration principles to Supervisors and employees.
- 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
- 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 Specialist.
- Collaborate with EHS Specialist 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 Specialist, Supervisor and/or 3rd parties when requested.

6.7 Role of Long Term Disability (LTD_ 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 eligibility to LTD benefits.
- Ensure appropriate payment of benefits.
- Prepare Return to Work Plans for employees returning to work following LTD.

6.8 Principles of Modified Work:

- 6.8.1 Modified work shall be of value to the University and Employee.
- 6.8.2 Modified work shall not aggravate the employee's condition.
- 6.8.3 Modified work of one employee shall not have the effect of creating a hazard to another employee.
- 6.8.4 Modified work shall assist the employee in returning to their pre-disability position, if possible.
- 6.8.5 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 PROCEDURES FOR MEDICAL LEAVES AND RETURN TO WORK

For 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:

- Satisfactory Medical Documentation will need to be provided to the University OHN and/or OHC that indicates that you are medically cleared to return to work.
- Documentation received regarding return to work including gradual return to workplace, accommodation requirements, and limitations and restrictions will be reviewed by the OHN/OHC before returning to work.
- The OHN will provide the EHS Specialist information related to returned to work such as limitations, restrictions, and gradual return to work information for the purpose of return to work planning.
- A Return to Working meeting will be arranged upon return to work with the appropriate workplace parties.
- The University may require the employee to be seen by a physician of the University's choice.
- Collaboration between all workplace parties to determine that the employee is able to perform the essential duties of the pre-disability position.

7.1 Non – Occupational Injury/Illness/Disease

- 7.1.1 For absences related to personal illness/injury or disease not related to work, an employee will participate in the Medical Leave Program as deemed necessary by an

absence or as defined in the respective collective agreement which includes the return to process.

- 7.1.2 The Supervisor/Manager is responsible for advising the EHS Specialist as soon as they become aware that an employee's absence may extend or has extended beyond 10 consecutive scheduled working days, or as defined by the respective collective agreement.
- 7.1.3 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.
- 7.1.4 If an employee reports a non-occupational injury/illness/disease, and the expected duration of the absence is 10 days or more, the EHS Specialist 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 may impact an employee's benefit eligibility.
- 7.1.5 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.
- 7.1.6 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.
- 7.1.7 Where modified work or gradual RTW is required, a WRP will 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.
- 7.1.8 Once agreed upon the EHS Specialist, the Supervisor/Manager, the employee and a union representative (where applicable) will normally meet to discuss all aspects and expectations of the WRP, and to address and resolve any concerns of the employee and/or Supervisor/Manager.

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- 7.1.9 The employee will be expected to schedule medical and/or rehabilitation appointments, when possible, outside of scheduled working hours.
- 7.1.10 The progress of the RTW Plan will be monitored by the Supervisor and the EHS Specialist. 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 Specialist will be consulted.
- 7.1.11 At the successful conclusion of the work reintegration plan, the EHS Specialist will inform the insurance carrier, Human Resources Services and document the claim file, as appropriate.

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.