



Administrative Procedure: Return to Work

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Guidelines

The Modified Work Program is available to any employee of the Superior North Catholic District School Board who requires accommodation/modification of work as a result of injury.

Referral sources include either a healthcare professional (including medical doctor, optometrist, chiropractor, physiotherapist), or employee.

Membership of the Modified Work Program team includes Worker's Compensation Coordinator, employee and employee's supervisor and OECTA and OTIP.

Responsibilities

All Employees

Where a minor injury or accident has occurred where there has been NO LOST TIME or MEDICAL ATTENTION required, the worker will complete and submit Form 1(a) to their supervisor. The Joint Health and Safety Coordinator will monitor these for prevention purposes.

Injured Employee

- Returns to work as directed by a healthcare practitioner.
- Reports the injury and the accident facts to immediate supervisor or designate, if able, to ensure completion of the Employee Incident Report (Form 7). WSIB will provide the worker with WSIB Form 6.
- Will ask the health care practitioner to complete the Functional Abilities Form for Timely Return to Work (Form 2a) on the first contact for health care and sign for the release of this information (Form 2b).
- Ensures the form will be forwarded to the appropriate body as noted on the Form 2A.

- Informs his/her health care practitioner that the Board has a Modified Work Program in place and that it is the expectation of the employer that the employee be returned to work as quickly as medically possible as stated in the WSIB Act.
- As soon as the injured employee has medical information which indicates that he/she is fit to return to either pre-injury employment or modified work, the employee will meet their duties under the Workplace Safety and Insurance Act 1997.
- Cooperatively participates in the Modified Work Program.
- Maintains regular contact with his/her supervisor as stated in the WSIB Act and cooperates with the employer as required by said Act.

Supervisor/Principal

- Investigates the accident (as per the Board procedure), ensures immediate completion and submission of the Employee Incident Report, WSIB Form 7 to the Workers' Compensation Coordinator within 48 hours of the accident. Failure of board office to submit report to the Workplace Safety and Insurance Board (Form 7) within three calendar days of the reported accident, will result in a penalty.
- After the injured employee's first aid needs are met, the employee will return the Functional Abilities Form (2a) and Consent Form (2b) to the Board personnel department.
- Cooperates with the appropriate supervisor in finding alternate work for the injured worker.
- The employee has their medical practitioner complete the Physical Demands Analysis Form (Form 3) as required.
- Monitors and evaluates the injured employee's performance during the period working under the Modified Work Program.
- No change to the Modified Work Program will occur without support from the employee's medical practitioner.

Attending Physician

- Initially examines the injured worker. The initial examining physician may not necessarily be the one who completes the Functional Abilities Form.
- Completes the Functional Abilities Form for Timely Return to Work (Form 2a) and releases this functional ability information to the Workers' Compensation Coordinator (as per signed consent of employee on Form 2b).
- Provides necessary treatment and refers employee to community and regional rehabilitation clinics and health care specialists as appropriate, in a timely manner.

Workers' Compensation Coordinator

- The Joint Health and Safety Coordinator receives WSIB Form 7.
- The Joint Health and Safety Coordinator will monitor all Form 1(a)'s submitted. They will be reviewed to identify any recurring patterns that could be eliminated through a preventive practice or initiative.
- The Joint Health and Safety Coordinator ensures that WSIB Form 7 is completed accurately and promptly mails to Workplace Safety and Insurance Board (WSIB) if injured employee loses work time, or receives health care because of the workplace injury or illness.
- Ensures the injured employee is aware of the Modified Work Program and has the required forms for the healthcare practitioner (Form 2a/2b).
- Maintains contact with the Workplace Safety and Insurance Board Claims Adjudicator as needed.
- Maintains a database of information on the progress of each injured worker.
- Working with the Modified Work Team, the Functional Abilities Form (2a) is used to assess whether there is a suitable and safe match between the functional abilities and physical restrictions of the employee and the job.
- Periodically evaluates the Modified Work Program by completing the Modified Work Program Progress Report (Form 5).

Review

The Director of Education will review this procedure within two years, to ascertain if any amendments are required. OECTA will be asked to share their input, for consideration.

Appendices

Form 1a - SNCDSB's Accident Injury Report Form

Not to be used if Lost Time from work or Medical Attention is required. (These situations must be reported through a WSIB form.)

Date of Accident/Injury

Time

School/Location

Name of Injured Worker

Description of the Accident/Injury

What type of footwear was being worn?

What PPE was used?

Other Pertinent Information

Witness(es) to Accident

Not to be used if Lost Time from Work or Medical Attention is Required

Cause of Accident/Injury

Corrective action required to prevent further accident/injury

Completed By: Name

Signature

Immediate Supervisor/Principal

Copy: 1 - JHSC 1 - School 1- Worker

Form 3 - SNCDSB's Physical Demands Analysis

Position Title, Location & Employee's Name: _____

1) In a work day, the employee must stand/walk:

- None 3 Hours 6 Hours More Than 8 Hours
- 1 Hour 4 Hours 7 Hours
- 2 Hours 5 Hours 8 Hours

2) In a work day, the employee must sit:

- None 3 Hours 6 Hours
- More Than 8 Hours
- 1 Hour 4 Hours 7 Hours
- 2 Hours 5 Hours 8 Hours

3) Employee must lift:

- Up to 10 Lbs.
- 11-20 Lbs.
- 21-50 Lbs.
- 51-100 Lbs.

4) Lifting as described above must be performed: (ie. Based on a 7 hour day, occasionally 0-33%, frequent 34-66%, continuous 67-100%.)

- Occasionally Frequently Continuously

5) Arms must be lifted above shoulder level:

- Occasionally Frequently

Continuously

6) Arms must be used for repetitive action such as:

Pushing (Right) Yes

No (Left) Yes No

7) Employee Must Be Able
To: Occasionally Frequently
Never

Bend

Squat

Crawl

Climb

8) Additional Comments By Supervisor: _____

Form 4 - SNCDSB's Modified Work Plan Agreement

Employee Name: _____

Date of Injury: _____

School: _____

Nature of Injury: _____

Position: _____

Last Day Worked: _____

Supervisor: _____ WSIB Claim: (If Applicable) _____

Modified Job Description: _____

Days/Hours: Sun. ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___

Site Assigned To: _____

Duties: _____

Date to Commence Modified Plan: _____

Anticipated Date To Complete Modified Work Plan: _____

Pro-Rating of Sick Leave During Term of Work Plan: _____

I, _____ agree to participate in this Modified Work Plan.
(Name of Employee)

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

Claims Adjudicator Notified By: _____ Date: _____

Form 5 - SNCDSB's Modified Work Program Progress Report

In an effort to ensure the success of the Modified Work Program, the following form has been designed to ensure that regular, meaningful follow up is provided to all employees engaged in the program.

Employee's Name:

Position:

Week #:

List the duties assigned to the employee during the preceding week:

List any observations that you have made of the employee's progress:

At your follow up sessions, list concerns reported by the employee:

List the duties assigned for the upcoming week, highlighting any variances from the plan set at the outset of the program:

Supervisor Recommendations/Comments:

WSIB (Workplace Safety and Insurance Board) Ontario

Worker Forms on WSIB

The categories of worker forms include:

- report an injury/illness
- claims
- employee coverage
- return to work and recovery

[eForm 6 - Worker's Report of Injury/Disease](#)

Employer Forms on WSIB

- Categories
- Registration
- Claims
- Employer Coverage
- Health and Safety
- Premiums

[eForm 7 - Employers' Report of Injury/Illness](#)

"The online version of our Form 7 (Report of Injury/Illness) is the fastest way to report a workplace injury or illness. The online version of the form lets you bypass pre-populated and default fields, and you'll receive an immediate confirmation of your submission and electronic notice of any status changes. You can also upload and immediately submit any relevant documents straight to the appropriate claim file." Quoted from WSIB's website.