

**ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD
POLICIES AND PROCEDURES
SECTION D: STAFF AND VOLUNTEERS**

REMAIN AT WORK, RETURN TO WORK AND MODIFIED WORK PROGRAM	PROCEDURE
EFFECTIVE: 2009 07 01 / 2015 05 26	

ADMINISTRATIVE PROCEDURES:

1.0 Responsibility

Principal/Supervisor

- 1.1 On the date of any work related accident, ensure injured employee receives immediate first aid and/or medical attention and the appropriate mode of transportation if medical treatment is required.
- 1.2 Where work related, complete an "Employee Accident/Injury Report" and forward to Human Resource Services within twenty-four (24) hours of the accident.
- 1.3 Attempt to accommodate an injured or ill employee in appropriate employment within the employee's obvious functional abilities for the short term (fewer than five (5) work days).
- 1.4 Use Workplace Safety and Insurance Board (WSIB) Standard Medical Precautions (Appendix 'A') whether work related or non-occupational for the area of injury, in the absence of medical restrictions for the short term (fewer than five (5) work days).
- 1.5 Where further medical restrictions are reported and/or medical restrictions apply for more than five (5) work days, assist Human Resource Services in determining suitable and sustainable work for injured or ill employee.
- 1.6 Assist Human Resource Services in the preparation of a formal remain at work (RAW) or return to work (RTW) plan where accommodation is required beyond five (5) work days.
- 1.7 Modify the work or workplace and assign work as outlined in the RAW plan or RTW plan.
- 1.8 Communicate regularly with injured or ill employee to monitor recovery, to offer suitable modified hours and work where appropriate and to obtain information on functional abilities to return to work.
- 1.9 Update Human Resource Services regularly on injured or disabled employee's progress.
- 1.10 Provide an early and safe RTW package to the employee to be completed by the employee's physician. The RTW package may include a Functional Abilities Form and copy of this Policy and Procedure.

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Human Resource Services

- 1.11 Assist the Principal/Supervisor to develop and implement a RAW or RTW plan for the injured or ill employee that meets their restrictions and capabilities.
- 1.12 Prepare a formal RAW or RTW plan in consultation with the employee, Principal/Supervisor and Union/Association representative where accommodation is required beyond five (5) work days. A template blank RTW plan is attached as Appendix 'B' and template RTW plans specific to Custodians and Educational Assistants are also available through Human Resource Services.
- 1.13 Monitor injured or ill employee's rehabilitation.
- 1.14 Maintain records of injured or ill employees' progress.
- 1.15 Advise the Principal/Supervisor when a Functional Ability Form is required from the employee.
- 1.16 Communicate with the treating physician or physiotherapist on level of disability if necessary.
- 1.17 Assess the employee's work capabilities in conjunction with medically supported restrictions and/ or limitations provided by the appropriate treating medical practitioner(s).
- 1.18 Inform the employee's Principal/Supervisor of the work restrictions/limitations and initiate the development of RAW or RTW plan.
- 1.19 Co-ordinate modification of the work or workplace as needed, in conjunction with medically supported restrictions/limitations.
- 1.20 Communicate with WSIB on a regular basis for work related illness or injury.
- 1.21 Communicate with the Long Term Disability carrier as necessary.

Employee

- 1.22 Immediately report all illnesses, incidents and accidents.
- 1.23 When asked by the Employer, take the Functional Abilities Form to the treating Health Practitioner so that functional abilities are provided to assist with the employee's timely and safe return to work.
- 1.24 The injured employee is responsible for returning the completed Functional Abilities Form to the Principal/Supervisor within twenty-four (24) hours of receipt.
- 1.25 Inform the Principal/Supervisor of any changes in their medical condition.
- 1.26 Cooperate in the development of an appropriate RAW or RTW plan.
- 1.27 Inform the Principal/Supervisor of any problems requiring adjustment.
- 1.28 Adhere to the RAW or RTW plan to completion.

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2.0 Expectations

Reporting

- 2.1 Employee immediately reports illness, incident or accident to Principal/Supervisor.
- 2.2 Employee completes an Employee Incident/Accident Report with Principal/Supervisor for work related injuries and faxes completed form to Human Resource Services within twenty-four (24) hours of incident.
- 2.3 Principal/Supervisor provides details to Human Resource Services of any accommodations provided to accommodate a prior condition before the recent incident.
- 2.4 Principal/Supervisor advises employee that modified work duties and modified hours are available, when the employee reports injury or illness. Principal/Supervisor gives examples of duties that could be performed while accommodating the specific injury or illness.
- 2.5 Where medical attention is sought, Principal/Supervisor asks employee to call once the Health Care Provider has assessed the injury or illness, to advise of treatment needed, time off work and asks the employee to discuss the offer of modified work duties and modified hours of work with the Health Care Provider and the response to that offer by the Health Care Provider.
- 2.6 Human Resource Services completes the Employer's Report of Accident (Form 7) for work related injuries and submits a copy to the WSIB within three (3) calendar days of being reported to the school board.
- 2.7 Human Resource Services gives or sends a package to the employee which may contain some or all of the following as appropriate:
 - a) Copy of Form 7 sent to WSIB for work related illness injury
 - b) Letter to the employee confirming the offer of suitable work based on medical precautions
 - c) Letter to Health Care Provider advising of the availability of modified hours and duties, a Functional Abilities Form for completion and a Physical Demands Analysis
 - d) Roles and Responsibilities of all parties
- 2.8 Principal/Supervisor will provide all information obtained verbally from their employees or medical notes to Human Resource Services.
- 2.9 Employee will provide their Principal/Supervisor with a completed Functional Abilities Form when required.
- 2.10 Human Resource Services has responsibility for clarifying level of disability and restrictions (medical precautions). Once precautions are known from:
 - a) WSIB where work related
 - b) Functional Abilities Form
 - c) Conversation with Health Care Provider
 - d) Conversation with employee

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Accommodation

- 2.11 Principal/Supervisor will accommodate an injured employee in appropriate employment within the employee's obvious functional abilities and/or using WSIB Standard Medical Precautions (Appendix A) whether work related or non-occupational for the short term (fewer than five (5) work days).
- 2.12 Where further medical restrictions are reported and/or medical restrictions apply for more than five (5) work days the Principal/Supervisor will assist Human Resource Services in determining suitable and sustainable work for the injured or ill employee.
- 2.13 Human Resource Services will arrange a meeting which will include the employee, Principal/Supervisor and Union/Association representative, as the need indicates (employee request, employer determines issues are sufficiently complex).
- 2.14 At the meeting, the RTW Plan is completed, handwritten or typed, signed by all parties, and copied for all. A follow up meeting is scheduled on the plan to identify any adjustments to the plan as needed.
- 2.15 Human Resource Services will send a copy to the WSIB and determine if a copy with a covering letter should be sent to the Health Care Provider where the provider needs to consider how the modified duties and hours of work affect the employee's rehabilitation.
- 2.16 Modified duties will apply for a maximum of 6 weeks. If still not fit to return to their regular duties, Human Resource Services may request to have a medical reassessment or functional abilities evaluation to determine if additional treatment is required and ongoing abilities.
- 2.17 Employee to notify Principal/Supervisor of any problems with the duties as laid out in the plan for adjustments as necessary to avoid any further absence from work.
- 2.18 Where an employee declines an offer of the suitable and sustainable modified work in a WSIB claim, Human Resources Services will notify WSIB accordingly.

Ongoing Administration

- 2.19 For work related illness or injury, an employee will be classified as having permanent restrictions if so designated by the WSIB or medical assessment satisfactory to the Employer. Otherwise, restrictions are considered temporary and the objective is to return the employee to regular duties and regular hours of work.
- 2.20 Employees who are placed in the modified work program or who have been provided 'suitable work' will not be eligible for overtime to prevent aggravation of their condition.
- 2.21 Employees performing modified work will be paid the current rate of their pre-injury job, wherever possible, in accordance with the collective agreements.

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- 2.22 If an employee with restrictions is placed on a job to work with other employees, the other employees will not be expected to do more than 100% of expected output in order to compensate for any reduced output of the restricted employee.
- 2.23 In the event of a layoff, employees on modified duties may be included in the layoff if suitable work is no longer available.
- 2.24 In order to return to regular duties, an employee must provide a suitable medical note stating they are fit to return to regular duties, unless the original note specified a specific time period.

3.0 Additional Information

- 3.1 The St. Clair Catholic District School Board is committed to the principles of equity and inclusive education, consistent with our Catholic teachings, which value and promote human rights and social justice in all Board policies, programs, guidelines, operations and practices.

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APPENDIX A

WSIB Standard Medical Precautions

What is a Precaution?

A precaution is a safety measure taken to prevent injury or exacerbation of an existing injury. Activities listed are to be minimized or avoided to ensure precaution is accommodated.

The following precautions are meant to be general. Specific precautions or absolute restrictions (i.e. No bending) should be indicated in a Functional Abilities Form or documented by the Health Professional. Use these specific precautions if provided rather than the WSIB Standard Medical Precautions.

Standard Back Precautions

- repetitive trunk movements
- bending
- lifting limitation
- prolonged standing
- prolonged postures
- low level work
- heavy push/pull, twisting

Standard Neck Precautions

- repetitive neck movement
- above shoulder and overhead activity
- lifting limitations

Standard Shoulder Precautions

- repetitive shoulder movement
- lifting limitation
- above shoulder level activity
- repetitive use of the upper extremity against resistance
- limited range of movement

Standard Upper Extremity Precautions (elbow, wrist, hand)

- repetitive movement of the involved joint against resistance
- rotation (supination/pronation), pulling, pushing, lifting
- repetitive gripping
- maintain work surface at waist height

Standard Lower Extremity Precautions (hip, knee, ankle and foot)

- repetitive movement of the involved joint against resistance
- prolonged weight bearing
- rough ground walking
- low level activity (e.g. stooping, squatting)
- climbing stairs and ladders

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Appendix 'B1'

Return to Work Plan Template

Date:	
Employee Name:	
WSIB Claim #:	Date of injury:
Position:	Hours of work:
Location(s):	Principal/Supervisor: Phone #:
Areas to be assigned:	

Employee's medical restrictions/precautions as per _____
dated _____:

List General Areas of Responsibility in Headings #1 through #4 or add more. List specific duties below General Areas of Responsibility	Job Match (Check if assigned)		Accommodation, including equipment provided
	Yes	No	
#1:			
#2:			
#3:			

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Appendix 'B2'

Return to Work Plan Template (Continued)

List General Areas of Responsibility in Headings #1 through #4 or add more. List specific duties below General Areas of Responsibility	Job Match (Check if assigned)		Accommodation, including equipment provided
#4:			

Date of Return to Work: _____

Hours of Work each week: (include detailed description of modified hours)

Additional Comments and equipment provided:

Follow-up meeting date: _____

To the employee: We are pleased that you are returning to work following your injury. This assignment has been designed to accommodate your limitations as you are reintegrated back into the workplace. We ask your cooperation in the following:

1. If you are experiencing any problems with assigned tasks, please inform your Principal/Supervisor.
2. If you are asked by a fellow employee to perform a task, which you are not medically capable of doing, explain your limitations and refrain from doing it. Any further discussion should involve your Principal/Supervisor.

Please be informed:

Section 43(7)(b) of the Workplace Safety & Insurance Act states that “the Board (Workplace Safety & Insurance Board) may reduce or suspend payments to the worker during any period when the worker is not co-operating in his or her early and safe return to work”.

Signed: _____ (Employee)	
_____ (Principal/Supervisor)	Date: _____

Cc. WSIB Employee Union/Association Principal /Supervisor r