

Sick Leave/Injury/Return to Work Program**Policy No. 6.8.0****Date of Policy:** November 26, 2012**Revision:****Motion Number:****(Excluding Worker's Compensation Claims)**

When leave is for more than 3 days a Doctor's Certificate is required. Employees shall present the doctor with an "Injury Evaluation Form" which indicates what "light duties" are available for the employees to perform. Should a fee be charged for the completion of the "Injury Evaluation Form" the employee will be reimbursed upon presenting the receipt.

The employee shall have the doctor sign the form indicating which, if any, duties can be performed. If they can perform "light duties" the Town will accommodate the situation. If the employee cannot perform light duties then the employee is advised that it is the Town's understanding that because they are unable to perform light duties that they shall be resting, and that they shall not be participating in any recreational or volunteer activities outside of their residence that would cause the injury/illness to take longer to heal (i.e. fishing, hunting, golfing or any other activities advised by their physician, etc.).

Should an employee feel he or she is capable of resuming his or her duties prior to the authorized sick leave date then he or she shall contact his or her physician for permission, prior to returning to work.

Any sick leave that lasts longer than a (2) two-week period will be dealt with on an individual basis with the employee and the department head as to what activities would be deemed to be acceptable for each individual circumstance.

Employees on extended sick leave (more than 3 days) will be required to contact their department head weekly, to update them on their condition.

Article 20(b)(1) stipulates "For any abuse of sick leave, any employee may be suspended without notice".

PURPOSE:

In fulfilling the Town of Nipawin's commitment to provide a safe and healthy working environment, a Return-to-Work Program has been established for workers who have sustained a disability. The Town of Nipawin will work in cooperation with the disabled employee and the Union (where applicable), to accommodate the disabled employee with an appropriate and timely return to work program, providing that such accommodation does not create undue hardship to the Town.

DEFINITIONS:

Disability - Any restriction or lack of ability to perform an activity in the manner or within the range considered normal or necessary for their respective position.

Disabled Employee - Any employee with an injury or illness that results in a temporary or permanent disability.

Temporary Disability - Any disability from which the employee is expected to recover at some point in time (i.e. 10 days, 6 months, 2 years) to pre-disability levels.

Permanent Disability - Any disability from which the employee is not expected to recover fully to pre-disability levels.

Accommodation - Work that is safe, meaningful, productive, of value to the employer and within the disabled employee's skills and abilities.

Return-to-Work Program - A company's/organization's documented return-to-work/disability management program.

Transitional Return-To-Work Plan

The documented plan/strategy to accommodate an injured/ill employee with temporary disabilities. The hierarchy of accommodation must be followed in the development of all RTW Plans. The hierarchy is:

- Pre-disability job modified, if this is not possible then
- Another job in its entirety, if this is not possible then
- Another job modified, if this is not possible then
- A rebundling of suitable duties if possible

Graduated Return-To-Work

A transitional RTW plan that includes any combination of a gradual increase in hours of work and/or work activities designed to return the disabled employee to their pre-disability job.

Maintenance Return-to-Work

A transitional RTW plan that includes any combination of hours of work and/or work activities designed to maintain the function of a disabled employee who is awaiting treatment and/or surgery.

Supervisor Responsibilities:**POLICY:**

In the event of an injury/disability, the following process is to be followed:

What to do if an employee becomes injured or ill:

- If possible, give the injured/ill employee the appropriate form (HCP-1) to take to his/her primary healthcare practitioner for completion (see attached Appendix A). If you think it is medically

inappropriate to give the appropriate form (HCP-1) to the injured/ill employee, arrange to have the form mailed as soon as reasonably possible.

- Contact the injured/ill employee as soon as possible after his/her initial medical appointment to find out if his/her injury/illness has resulted in a disability.
- If the injured/ill employee has a disability set up a return-to-work meeting at the beginning of his/her next scheduled shift or when he/she is medically able to report to the workplace.
- Meet with the disabled employee and based on the information provided in the HCP-1:
 - Discuss disclosure
 - Ensure that plans for ongoing treatment are in place
 - Identify suitable accommodations
 - Define the specific duties, expected duration and progression of the disabled employee's transitional return-to-work plan (see attached Appendix B).
- Sign the return-to-work plan to indicate that as the disabled employee's supervisor, you understand and accept the terms and conditions of the transitional return-to-work plan.
- Ensure that all paperwork is forwarded to the Human Resources Department for submitting to the Worker's Compensation Board.
- Monitor the progress of the disabled employee during his/her transitional return-to-work plan.
- Meet with the disabled employee at the intervals agreed upon in the return-to-work plan, or as needed, to discuss progress, address any other issues and modify the return-to-work plan accordingly.
- Give the injured/ill employee the appropriate form (HCP-1) to take to his/her primary healthcare practitioner for completion when/if his/her medical restrictions/behavioral capabilities change so that his/her transitional return-to-work plan can be modified accordingly or at a minimum request the disabled employee to have their medical practitioner complete form (HCP-1) every 30 days.

How to Achieve A Successful Transitional Return-To-Work Plan (RTWP):

- Create a positive work environment by responding to coworkers' questions and concerns about the disabled employee, job modifications, etc.
- Support the disabled employee by assisting in his/her adjustment to the disability by focusing on his/her abilities rather than disabilities
- Educate coworkers as to why the disabled employee is being accommodated and how that accommodation is being applied in the workplace
- Protect the confidentiality of the disabled employee
- Provide direction and feedback, so the disabled employee knows what is expected of him/her and how he/she is doing.
- Provide opportunities for the disabled employee to have continued contact with his/her coworkers

- Allow the disabled employee to do most of the talking during return-to-work meetings. Effective listeners keep their share of the conversation to about 20%. Failure to listen usually results in the disabled employee feeling misunderstood, unappreciated, undervalued and unsupported.
- Don't lose your self-control if a disabled employee disagrees with you, or loses his/her temper.

Employee Responsibilities:

What should I do if I'm injured?

- Report injuries and absences for medical reasons to your supervisor immediately.
- Obtain medical treatment
- Have your health care practitioner complete Form HCP-1 (see attached Appendix A) during your initial visit to provide you with your restrictions.

If medical restrictions affect your ability to do your job:

- Call your supervisor as soon as possible to let him/her know that your injury has resulted in a disability (your restrictions affect your ability to do your job).
- Return to work for your next scheduled shift, unless medically advised otherwise, where you will be provided with suitable work accommodating your restrictions as outlined on the HCP-1 form letter completed by your health care practitioner.
- Have your health care practitioner complete Form HCP-1 during any follow-up appointments if your medical restrictions change.

If medical restrictions do not affect your ability to do your job

- Return to work for your next scheduled shift.

Why is it necessary for my employer to know what my restrictions are?

Your employer has a duty to accommodate disabilities. If your injury has affected your ability to do your job, your employer needs to know what you're not capable of doing so that you can be provided with work that is suitable for your restrictions. There is **no need** to provide your employer with a diagnosis.

How do I get my health care practitioner to complete this form during my appointment?

- Explain to your health care practitioner that all you need on the form is a list of your current medical restrictions.
- Point out that the form does not require the health care practitioner to provide a diagnosis at this time.
- Reassure the health care practitioner that your employer will provide you with suitable work that will:
 - Accommodate your current medical restrictions.
 - Be modified if and/or when your medical restrictions change.
 - Allow time for further diagnostic and/or treatment appointments.
 - Not interfere with your recovery.

- Ensure that your health care practitioner understands that you as his/her patient/client are requesting the form to be completed and that you expect this service from your health care practitioner.
- The Town of Nipawin will pay up to \$25.00 for completion of Form HCP-1 by a Medical Practitioner.

PAYROLL COMMUNICATION

Sick Time / WCB Accommodation Request Sick Time Worker's Compensation

Employee _____
Surname First Second

Address _____
Street City Postal Code

Date of Birth _____ S.I.N. # _____

Classification _____ Department _____

I hereby authorize any physician or practitioner, hospital or clinic, and any insurance company or organization, to give full documentation of my medical condition to the Town of Nipawin.

_____ Date _____
Signature of Patient/employee

Physician's Statement: Confirmation of reasons for medical leave, requirement for accommodation, or light duties to return to work.

Diagnosis (nature of illness or disability):
Primary: _____

Secondary: _____

Date disability began: _____

Based on the attached job description please itemize tasks employee is unable to perform or degree of limitation for certain tasks:

Anticipated date when the employee will be able to perform all duties as outlined in the attached job description: _____

Present physical restrictions include:

- standing
- sitting
- lifting (# of lbs./kg.) _____
- overhead reaching
- reaching
- walking
- turning
- stairs
- ladders
- pushing/pulling
- environment _____
- other _____

Is the patient off work due to the injury? Yes No

Sick Time / WCB Accommodation Request

The disability may affect activity for another:

of days if <7 _____ 8-14 15-21 > 21 days

Could the patient safely return to work if restrictions are accommodated? Yes No

If no, explain: _____

The employee is required to operate numerous types of equipment, are there any safety issues that would preclude this employee from these tasks and please outline the period of this limitation:

List of Allergies confirmed by allergy testing if applicable:

Has the patient been referred to a specialist? Yes No

Specialist Findings:

What modifications would be required to permit the employee to perform the job duties:

What physical aids that would better facilitate this employee:

Are there any treatments or future plans for treatment? (Please specify with dates)

Following examination, I certify that the above-mentioned person, while medically unable to work his/her full assignment, is capable of working on the following basis:

I certify that the statements outlined above are accurate and based upon current clinical information about the employee and the employee has been under my continuous care for the medical condition as identified.

Physician's Signature

Date



Box 2134, Nipawin, Saskatchewan Canada S0E 1E0
Ph: 306-862-9866
Fax: 306-862-3076

RESTRICTIONS TO BE ACCOMMODATED

Please complete and give to employee for delivery to the employer.

Patient's Name: _____

List any medical restrictions below that should be observed when the employee returns to work NOW.
(i.e. cannot lift left arm above shoulder level, cannot operator motor vehicle, or no lifting until musculoskeletal assessment.)

WE EXPECT THAT ALL RESTRICTIONS WILL BE BASED ON OBJECTIVE MEDICAL EVIDENCE

- standing
- sitting
- walking
- overhead reaching
- reaching
- turning
- stairs
- ladders
- pushing/pulling
- lifting (# of lbs./kg.) _____
- environment _____
- other (please list below)

The disability could require accommodation for:

- <7days
- 8-14 days
- 15-21 days
- >21 days

IF THERE ARE NO RESTRICTIONS LISTED WE WILL EXPECT THE EMPLOYEE IS ABLE TO RETURN TO WORK WITHOUT ANY JOB MODIFICATIONS.

Practitioner Name and Signature	Date

Health Care Practitioner not required to send copy to WCB



Box 2134, Nipawin, Saskatchewan Canada S0E 1E0
 Ph: 306-862-9866
 Fax: 306-862-3076

Transitional Return to Work Plan Form		
Employee Name:		
(DATES) FROM:	TO:	Review Date
Scheduled Workdays	Specific Duties to be Performed	
Hours of Work		
Treatment Appointments		
Additional Equipment to be Provided		
Any Additional Accommodations Required		
Activities to be Avoided		

 Disabled Employee Signature & Date

 Supervisor Signature & Date