

# VICTORIA UNIVERSITY

## HEALTH AND SAFETY PROCEDURE

**Date of Issue:** October 23, 2023

**Review/Revise Date:**

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### EARLY AND SAFE RETURN TO WORK

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#### PURPOSE

The purpose of this procedure is to outline the Early and Safe Return to Work Program, which affords modified duties for employees with injuries/illnesses.. The program will ensure that, as a University, we will make reasonable efforts to accommodate injured employees with modified duties.

Victoria University is committed to developing and maintaining a safe and healthy environment for all of our employees.

#### SCOPE

The Human Resources Department and the Department Manager have implemented a modified duty program. The program will assist in promoting a timely and safe return to work of employees with work related injuries/illnesses.

Victoria University is committed to establishing a fair and consistent policy to provide meaningful and fulfilling employment for permanently and temporarily disabled employees where a modified program is medically authorized. It is our intention to provide a practical rehabilitation program that will assist in the return of injured employees to a productive role while meeting the requirements of the Occupational Health and Safety Act and the Workplace Safety and Insurance Act

#### STANDARDS/PROCEDURES

##### **Definition of "MODIFIED DUTY"**

Modified Duty is the modification of an employee's position that allows the employee to carry out the work assigned within the employee's physical and/or mental/cognitive capabilities.

##### **Principles of Modified Duty**

The University recognizes that the temporarily disabled employee can and should be performing meaningful, productive employment. The modified duty program gives structure and organization to this principle and recognizes the University's, union(s), and employee(s) joint responsibility to participate in the rehabilitation of the employee.

##### **Specifically:**

- The work must be meaningful, productive, and safe and the result must have value.

- The work provided must not aggravate the employee's physical and/or mental/cognitive limitations.
- The worker's modified duties must not constitute an additional hazard to the employee or fellow employee(s) while performing the duties assigned.
- The work must assist the employee in returning to their original position (if possible). The duration of the modified duty will be determined at the commencement of the program wherever possible.
- Prior to starting the modified duty the employee and Victoria University will sign an agreement with respect to the hours of work, the reporting requirements and the nature of the modified duty position.
- The employee's physician statement and the requirements of Victoria University will be reviewed for the modified duty position.
- The employee should schedule appointments and therapy at reasonable times when possible so as not to conflict with Victoria University's timetable.
- The employee is required to supply medical progress reports every two weeks or as frequently as may be needed.

<b>ROLES AND RESPONSIBILITIES</b>
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**Victoria University:**

- To provide a fair and consistent rehabilitation policy for employees injured on or off the job or disabled due to illness or injury.
- To make reasonable efforts to provide a meaningful employment for temporarily injured or ill employees and promote modified duty.
- To facilitate communication between the Department Manager, the employee, the employee's health professional(s), Disability Case Manager or WSIB if applicable and the Human Resources Department.
- To assist in the modification of the workplace.
- To encourage co-operation from the bargaining units.
- To explain the objectives and requirements.
- Meet the requirements of WSIB and the return to work process

**Human Resources:**

- To collaborate, support and consult with all key players in matters relating to the Early and Safe Return to Work program.
- If it is a work related injury:
  - Ensure WSIB forms are submitted to WSIB as per their requirements (Form 7, work plans etc).
  - ensure copy of the WSIB Form 7 "Employers Report of Injury/Disease" is given to the worker.
- To determine in consultation with the manager or designate, if the position can be modified.
- To monitor the progress of the employee's modified duties through communication and contact with the employee and manager.
- For work related injuries, ensure medical follow-up is obtained at a schedule defined by Victoria University and WSIB.
- For non-work related injuries ensure medical follow-up is obtained at a schedule defined by Victoria University and the Disability Case Manager.
- To liaise with the employee's health professional(s), Disability Case Manager or WSIB when required.
- Meet with the employee and establish written goals and objectives. These will be established and agreed upon by the employee, department and Victoria University.

- Whenever possible, to develop a modified duty program in consultation with the employee's health professional, the employee, the Department Manager, Disability Case Manager or WSIB if applicable.
- To ensure that there is no conflict with the collective agreement (where applicable).
- Determine and maintain medical monitoring and treatment with the use of the Attending Physician's Statement or Functional Abilities Form. The frequency of medical contacts can be determined on a case by case basis.

#### **Immediate Manager/Supervisor:**

- To advise the employee of the availability of the modified duties or transitional work program.
- To assist in the creation of, and support the employee's early and safe return to work program (including modified duties according to their physical and/or mental/cognitive limitations).
- To maintain communication with the employee on modified duty and monitor the progress and the effectiveness, on an individual case by case basis.
- To inform other employees in the department of program goals when required.
- Regular meetings will be scheduled with the employee to communicate and assist in the evaluation of the program's effectiveness.

#### **The Employee:**

- Seek medical attention and inform health professional(s)
- If it is a work related illness or injury:
  - Complete WSIB Form 6 "Employees Report of Injury/Disease" and submit a copy to WSIB and provide a copy to the employer (HR or manager).
  - Provide a copy of the WSIB Form 8 "Health Professional's Report" page 2 to HR
  - Provide a copies of any functional abilities forms and/or updates to HR .
- Maintain regular contact with the immediate manager/supervisor and Human Resources and Disability Case Manager and/or WSIB case worker assigned to the case as applicable.
- Take an active and co-operative role in developing and participating in their early and safe return to work program.
- Communicate any concerns or problems to their immediate manager/supervisor and the Human Resources Department, including any changes to their physical and/or mental/cognitive limitations.
- Obtain the necessary forms from the health professional(s), Disability Case Manager or WSIB as applicable and as may be required by Victoria University.
- Ensure that other scheduled rehabilitation activities such as physical therapy or doctor's appointments are continued while on modified duty. These appointments are to be arranged whenever possible during non-work hours.
- Injured employees may be denied WSIB benefits if not being cooperative with the organization's return to work program.

#### **Health Care Providers:**

- Provide timely and up to date medical information.
- For work related injuries/illnesses complete form 8 "Health Professional's Report" and send it to WSIB and give a copy of page 2 to the employee to forward to HR
- Fill in the forms as requested i.e Attending Physician's Statement or Functional Abilities Form.
- Act as a resource

#### **Disability Case Manager:**

- Process a claim on a timely basis
- Act as a resource
- Ensure regular and frequent communication to HR and employee related to their restrictions/limitations, modified duties, status updates, etc.
- Assist in early and safe return to work plans

**Workplace Safety and Insurance Board:**

- Process a claim on timely basis.
- Act as a resource.
- Follow the Workplace Safety and Insurance Act.
- Assist in early and safe return to work plans (when required)

**The Union:**

- To counsel its members on the benefits of cooperation in the "MODIFIED DUTY" program.
- To cooperate in placement of temporary modified duty employees.

**RESPONSIBILITIES**

It is the responsibility of all staff, managers, and the union to understand and comply with the Early and Safe Return to Work procedures

**COMMUNICATION**

This procedure will be communicated to all employees of Victoria University upon hiring and orientation. The need for re-training will be reviewed and communicated on an annual basis.

The immediate manager/supervisor and the Human Resources Department will discuss the Early and Safe Return to Work program with staff during the event of illness or injury.

**TRAINING**

All Managers will undergo training upon hire (within the first 3 months) and review on an annual basis.

The JHSC members, union Stewards and all staff are encouraged to attend the annual training session in order to understand the principals, processes and Victoria University's commitment to the Early and Safe Return to Work Program.

**RELATED PROCEDURES**

Short Term Disability Program  
Long Term Disability Plan

**FORMS**

Modified Work Agreement  
Attending Physician's Statement  
WSIB form 7

WSIB Functional Abilities Form

WSIB Contact Log (applicable for when worker is off work for a work-related injury)

<b>REFERENCE MATERIALS</b>
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- Workplace Safety and Insurance Act - Return to Work section

**VICTORIA UNIVERSITY  
RETURN TO WORK – CONTACT LOG**

Employee' Name:	Phone No.
Supervisor/Manager:	Phone No.
Return to work Date:	Review Date:
	Target Date:
Treating Physician(s) _____	Phone No(s). _____
WSIB Claim Number:	
WSIB Claims Adjudicator:	Phone No.

DATE OF CONTACT	PERSON CONTACTED	CONTENTS OF CONVERSATION

**VICTORIA UNIVERSITY  
MODIFIED WORK AGREEMENT**

(To be completed in all cases of injury that could lead to work accommodations)

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Supervisor/Manager: \_\_\_\_\_

We are pleased to offer you modified work in accordance with the functional abilities outlined by your medical professional.

Modified Job Duties	Start Date	End Date

You will be paid your normal rate/salary for the period of the modified work.

Your hours of work will be \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_.  
(Time) (Time) (Day) (Day)

The length of the accommodation period will depend on your recuperation and functional abilities as given by your medical provider, as well as, your cooperation in the program.

Your manager will monitor your progress and/or any concerns you may have. If at any point you experience difficulties on the job, please advise your supervisor immediately.

I have considered the above offer and agree to the proposed modified work duties and all conditions outlined:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have considered the above offer and decline for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that by refusing to participate in the modified work program, I may jeopardize my entitlement to the Workplace Safety Insurance Board's compensation benefits. I agree to keep my Manager and the Workplace Safety Insurance Board informed as to my ongoing medical status and ability to return to normal duties.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Work Related Injury WSIB Flowchart: Initial Forms

