

Sample Return to Work Procedure

Title: Return to Work Procedure	Date of issue:
Approved by:	Review / revise date:
Location:	

Return to Work Policy Statement

(Company Name) is committed to providing a safe workplace for all workers. In the event of an injury or illness, every possible effort will be made to provide suitable return to work (RTW) options for workers who are unable to perform their regular duties. This procedure applies to all workers regardless of cause who are absent from work and/or require temporary or permanent accommodations.

Roles and Responsibilities

Employer

- Provide first aid immediately, if needed.
- Arrange and pay for transportation to a medical facility, if needed.
- Pay worker’s wages for day of injury.
- Complete and submit a Form 7 to the WSIB within 3 days if the injury/illness involves health care treatment OR time away from work OR lost wages.
- Investigate the accident.
- Contact your worker as soon as possible after the injury. Maintain communication throughout their recovery and return to work.
- Provide return to work information (RTW package) to worker and review process. Attempt to identify **suitable work** together with the worker. Work that is safe, within your worker’s (functional) physical capabilities and restores your worker’s pre-injury wages as closely as possible.
- Develop a RTW plan in all cases where the worker requires ongoing medical treatment, job modifications or accommodations. Ensure that RTW plan is documented.
- Provide copies of any RTW plans or related forms to worker and the WSIB.
- Monitor RTW plans by scheduling regular meetings to assess progress, obtain current functional abilities information and make any adjustments to RTW plan, as needed.
- Notify the WSIB of any RTW disputes, changes to wages, type of accommodations or length of RTW plan.
- Obtain WSIB assistance if the RTW plan is not progressing or if there are difficulties implementing plan.

Supervisor

- Initiate early and supportive contact with worker as soon as possible after the injury/illness.
- Provide return to work information (RTW package) to the worker. Review RTW procedure and process. Remind worker to bring back the second page of Form 8 after initial medical treatment (includes functional abilities information).
- Participate in the development of worker’s RTW plan.
- Maintain regular and supportive contact with worker throughout recovery.

- Establish a follow up schedule with worker and document progress.
- Obtain support and input from coworkers, as needed.
- Evaluate success of RTW plan with worker and implement any necessary adjustments or improvements to ensure long-term success.]

Worker

- Obtain first aid or health care immediately.
- Report injury/illness to **(Company Name)/Supervisor** on the same day, or as soon as possible
- If health care is required or there is lost time from work, confirm that **(Company Name)** has filed a Form 7 with the WSIB and obtain a copy.
- Complete Worker’s Report of Injury/Disease (Form 6), send to the WSIB and provide copy to **(Company Name)**.
- Provide any required forms (ie. second page of Form 8, copy of FAF) from health care professionals to **(Company Name)**.
- Maintain regular contact with **(Company Name)/Supervisor** throughout recovery and attend scheduled RTW meetings as needed.
- Comply with medical and rehabilitation treatment and arrange appointments during non-work hours, wherever possible.

Communication and Training

- **(Company Name)** will ensure all workers receive information and training related to the RTW procedures as part of orientation within 2 days of starting work.
- Any changes or updates to the procedure will be communicated immediately and posted in a conspicuous place.
- The RTW procedure and process will be reviewed by management, supervisors and workers at least once per year, or as needed.

Evaluation

- **(Company Name)** to review RTW procedure and outcomes from any RTW plans, at least annually.
- **(Company Name)** to meet with workers at least annually to obtain feedback on return to work procedures to identify opportunities for improvement.

Forms

Form 7 (Employer’s Report of Injury/Disease)
 Form 6 (Worker’s Report of Injury/Disease)
 Form 8 (Health Professional’s Report)
 Letter to the Health Professional
 FAF (Functional Abilities Form) - after initial medical treatment)
 Sample Investigation Report
 RTW Program Plan
 Sample Letter of Offer

Reference Materials

Workplace Safety & Insurance Board (www.wsib.on.ca)