Roles and Responsibilities

To facilitate the return to work process, all participants must be educated about the return to work program. Roles and responsibilities to facilitate return to work programs must be clearly identified through policies and procedures, guidelines or terms of reference.

Workers

➢ Take responsibility for managing his/her health and work safely to avoid injury to himself/herself and/or others.

➢ Obtain prompt medical treatment for injuries/illness.

➢ Report injuries/accidents/illness promptly (within 24 hours).

Worker’s must know which form is required, how to fill out the form completely and individuals who require notification. Worker’s must feel safe to report all information regarding dangerous occurrences or errors. Non-reporting can lead to more serious health problems, problems with filing insurance claims or receiving coverage for claims. Reporting of workplace injuries also indicates the need for accident/dangerous occurrence investigations and the elimination or minimization of hazards for all workers’.

➢ Communicate with all parties involved in the program such as the manager/supervisor, return to work coordinator or case manager, health care provider(s) and union representatives.

Workers should document the dates and details of all discussions for future reference. Worker’s must understand his/her medical information is confidential and he/she is not required to disclose this information to the manager/supervisor; however, he/she needs to inform the manager/supervisor or case manager about his/her progress and estimated time of return to work.

➢ Make necessary appointments for medical care and provide updates regarding his/her progress.

The results of a recent study by Krause et al (2001) suggest several risk factors, which were found to be significantly associated with reducing return to work rates, including:

- heavy physical work
- high physiological job demands
- low job control
- high job strain
- low supervisory support
- low work schedule flexibility
Obtain consent from the primary health care provider to send documentation to the employer should this be requested. This information is vital to the return to work planning process.

Follow instructions regarding rehabilitation or treatment plans.

Notify the supervisor or return to work coordinator if experiencing difficulty with work tasks.

A recent research project entitled "Workplace Organization, Worker Participation and Return to Work" (Friesen, Current), indicates several themes and problem issues identified by the injured worker such as:

- Availability of information regarding medical condition/status and return to work plan and process can vary.
- Worker input into the return to work plan and process also varies.
- Worker’s experience limited choices in the return to work process.
- Participation in decision making regarding the return to work plan and process is not clearly available.
- There is lack of teamwork.
- Worker’s identified the need for an advocate or return to work coordinator within “the system” to assist with mediation, negotiation and obtaining information.
- There are often control issues between worker’s and employer’s.
- The worker who has past experience with workplace injuries has increased awareness and is able to be assertive in identifying his/her needs.
- Some workers’ experience lack of respect from members of the healthcare team. Workers' then feel vulnerable and identify the need for support from the workplace, not criticism or resistance.
Case Manager or Return to Work Coordinator

The case manager or return to work coordinator is often the first line of contact and is responsible for internal and/or external case management. This requires liaison with many different people. This process is most effective when one person is designated in each organization and a consistent process is utilized.

According to the Case Management Society of America (1995):

“Case management is a collaborative process which assesses, plans, implements, coordinates, monitors and evaluates options and services required to meet an individual’s health needs using communication and available resources to promote quality, cost effective outcomes.”

Case managers must focus on the needs of the worker, keeping the worker at the center of the team. Worker’s must feel confident the case manager is working in his/her best interest. Case managers must seek out and provide information, negotiate, mediate and facilitate throughout the process.

A broad knowledge base is required including an understanding of the organization, the work environment and job tasks. An understanding of safety and health legislation, labour laws, the insurance industry, available community resources and the provision of care that is cost effective are also fundamental.

There are three general phases of case management when assisting a worker with an injury or illness. They are not distinct in time lines and case managers may move in and out of phases several times during the return to work process.

Phase One

- Contact the worker within 48 hours of the report of an injury. Early contact is important to provide support, information and guidance. This contact must not be confrontational or judgmental. If a worker is absent for an extended period due to illness, regular contact is recommended to offer assistance, and determine an approximate time for return to work.

Studies show that workers with access to modified work return to work after a disabling injury about twice as often as workers without access to modified duties.

Worker’s can drift out of the normal routine of work very quickly, especially if they do not feel a return to work is possible unless they are 100%.

- Establish strong communication up front with a consistent approach. Have a standard set of questions *(Appendix Two, Sample 2.1, pg. 2.25)* when reviewing the incident or injury such as work status; appointments with health care providers; if a medical certificate is required stating that the employee is unable to perform his/her regular duties; need for a WCB claim; and, development of a plan. Document the date and details of discussions.

- Review extended absences or frequent absences to determine if disability issues are present.

- Obtain written consent from the worker to communicate with other health care professionals involved such as the physician *(Appendix Two, Sample 2.3, pg. 2.27)*.

- Have resources available (internal or external to the facility) that can accommodate urgent rehabilitation referrals.

- Obtain information from the manager/supervisor as soon as possible regarding job modifications or alternate work.

- Establish communication immediately with the primary health care provider. Include information regarding the availability of modified or alternate work and request information regarding restrictions or limitations for work.

- Collect information pertinent to the situation. Ensure you have the knowledge of clinical issues, psychosocial/work organization issues and/or funding issues.

- Identify physical and psychosocial needs or barriers based on your communication with the worker and all others. Reinforce healthy behaviors such as realistic goal setting and using alternative methods to perform tasks.

- Empower the worker to case-manage himself/herself as much as possible and collaborate with the return to work team.
Case Management and Return to Work Programs

- Determine benefits that are available for the worker and assist the worker in dealing with financial or personal concerns.
- Maintain regular contact with the worker. The amount and frequency will vary with each situation.
- Document all activities and interactions.

**Phase Two**

- Determine if a return to work plan is required. The plan may include modified duties, modified hours and/or ergonomic changes to equipment or tasks (*Appendix Two, Sample 2.2, pg. 2.26, Sample 2.3, pg. 2.27, Sample 2.4, pg. 2.29*).
- Provide as much information about the job as soon as possible to health care providers so they may recommend appropriate restrictions or limitations. Set a reasonable date for the information to be returned.
- When activating the process for early return to work, the information requested from the physician should include:
  - If the worker can return to regular duties and when or
  - If the worker can return to modified duties, when and what the limitation and restrictions are as well as the time lines. If the case is complex and the worker has been absent for an extended period of time, a more in-depth description of abilities and limitations may be required.
- Ensure there a start point, midpoint and an endpoint.
- Ensure there is consensus between all parties. Formalized return to work programs should be approved by the union and supervisor. This may occur with or without a team meeting. Often for uncomplicated situations, the start of a return to work program is unnecessarily delayed because of difficulty coordinating a team meeting.

"Legitimacy refers to the degree to which an injured employee feels believed by the authenticity of their injury and of their symptoms". 

"In a sample of Canadian claimants with musculoskeletal disorders...decreased legitimacy was a significant predictor of longer duration benefits".

*Franche & Krause (2002)*
The complexity of the situation will guide the decision regarding the need for a team meeting prior to the start of the return to work program. It is recommended that unionized workers have a union representative present to assist in protecting the rights of the worker and ensuring the worker’s needs are met. Having union involvement up front can assist in facilitating the return to work process and in placing a worker into alternate work if required.

- Establish a return to work plan including restrictions requiring accommodation, duties/tasks, hours/shifts, duration of the return to work program, increases in hours/duties, dates for re-assessment and a schedule for team meeting. Worker’s must feel they are able to contribute to the development of the plan. Programs must be progressive demonstrating improvement in the worker’s ability to perform job duties.

- In general, if a program is continuing over 6-8 weeks without progress, the program should be re-evaluated. If a program must be suspended temporarily, regular contact with the worker must continue.

- When developing the return to work plan, ensure the duties/tasks are meaningful and appropriate. Determine if an extra workload will be placed on other worker’s, and if co-workers are willing to provide a supportive environment. If there are issues, determine effective solutions to resolve the issues prior to as well as during the return to work program.

- If suitable work is not available within the organization, other options such as a work hardening program or a return to work program within a different organization may be required.

- Document all activities and interactions.
Phase Three

- Coordinate the return to work plan and ensure the supervisor and co-workers are aware of limitations/restrictions for the worker.
- Communicate regularly with all parties including the supervisor, the union and insurance companies. Again, the amount of time and frequency varies with each situation.
- Ensure the program progresses in hours and duties as recommended.
- Establish regular meetings to evaluate the plan and provide updates.
- Document all activities and interactions.

Frontline Manager/Supervisor

- Provide safe working conditions and enforce safe work procedures to prevent dangerous occurrences, accidents and injuries/illness.
- Along with the worker, the manager/supervisor has the most knowledge concerning the duties of the job and any possible modification(s), adaptation(s) for that area. The manager/supervisor needs to be involved in providing this information to health care providers, case managers and the worker. This demonstrates support for the return to work program and a commitment to disability management.
- A clear understanding of work restrictions is required in order to observe any limitation(s) indicated by the health care provider. The manager/supervisor must understand that medical information regarding the worker is confidential.
- The manager/supervisor must have or find resources to re-assign duties or make changes, as they are often the key individuals who can provide modified work opportunities for workers with temporary or permanent restrictions.

WRHA Workplace Safety and Health Needs Assessment results:

78% of respondents accommodate injured employees with modified duties until they are able to return to his/her previous job
According to King (1998), disability is a broad term and includes not only the physical or mental impairment, but also motivation, educational level, work experience, psychological factors, age, socioeconomic factors and financial status.

- Managers/supervisors must also have education and training in facilitating and monitoring return to work programs as well as training in the obligations regarding duty to accommodate. This will assist in providing support to the worker during the program.

- The manager/supervisor should meet with other staff to explain the return to work plan and the level of assistance that may be required by co-workers. Confidentiality of any medical information regarding the worker must be maintained. This is an opportune time to reinforce the organization’s policy and procedures related to return to work programs and ensure that any extra tasks will be short term.

In many situations a case manager may not be available. A checklist (Appendix Two Sample 2.1, pg.2.25) can be helpful for the manager/supervisor and can include instructions such as:

- Contact the worker within 48 hours of the report of an injury.

- Complete an accident/injury/occurrence report form with a copy to the disability coordinator/occupational health nurse/safety and health officer and other persons assigned to manage the program. Review the report and address any issues.

- If medical intervention is required and time loss occurs, complete the Workers Compensation Board (WCB) employer’s form within 5 working days of receiving notice of the injury and send to designated persons. (Organizations are now fined by WCB for tardiness).

- Ensure that the worker fills out the WCB report form. Workers now have the option to file claims by faxing the form, filing by phone or filling out the form online (www.wcb.mb.ca). Timely submission of forms can accelerate the adjudication process.

- Review expectations, policies and procedures of the return to work program with the worker.
Case Management and Return to Work Programs

- Talk to the worker about modified duties within the first week following the injury. Provide an abilities form (Appendix Two Sample 2.3, pg.2.27) and a cover letter (Appendix Two, Sample 2.2, pg.2.26) to the worker to bring to the primary health care provider or send it directly to the health care provider so it is there for the worker’s first or second appointment.

- Maintain communication with the worker and all other parties involved.

- When the worker is able to return to work, develop a return to work plan.

- Discuss the potential duties with the worker prior to the return to work start date and also on the first day of the return to work program.

- Advise all necessary parties regarding the details of the return to work plan.

- Support, educate and promote the return to work program. Monitor and report progress and intervene as required.

- Follow up periodically after the worker returns to regular duties to ensure there are no continuing problems.

**Physician or Primary Health Care Provider**

The Canadian Medical Association Policy (2001) outlines principles concerning the role of the physician in return-to-work programs. Physicians are required to:

- **Facilitate the patient’s return to work by encouraging communication between the patient and his or her employer early in treatment or rehabilitation.**

- **Be familiar with the family and community support systems available to the patient. The physician should also be aware of the patient’s general responsibilities at home and at work.**

- **Discuss with the patient expected healing and recovery times as well as the positive role of an early, graduated increase in activity on physical and psychological healing.**

“The role of the health care provider is critical in supporting pain management strategies and in providing reassurance regarding what type of pain is normal.”

*Franche & Krause (2002)*
WRHA Workplace Safety & Health Needs Assessment results:

37% of respondents indicated conflict resolution as one of the most urgent needs for occupational safety and health training

- Identify and address potential obstacles to the recovery of function and return to work as soon as possible

- Be knowledgeable about and use, when appropriate, the services of a multidisciplinary team of health care professionals, who can be helpful in facilitating the patient’s safe and timely return to work.

- When requested by the employer, the physician, with the patient’s consent, should be as specific as possible in describing the patient’s work capabilities and any work accommodation required.

- In more complex cases, the physician should consider referring the patient to medical specialists and other appropriate health care professionals for a comprehensive, objective assessment of his or her functional capabilities and limitations and their relation to the demands of the job.

Union

- Provide information regarding the collective agreement, safety and health legislation and duty to accommodate.

- Advocate on behalf of the worker and provide support throughout the return to work program.

- Negotiate with organization’s regarding return to work programs according to collective agreements.

- Assist in job placement for workers with temporary or permanent restrictions. If a worker is unable to perform work under his/her collective agreement, consultation with other unions may be required to determine if opportunities are available for temporary or permanent work.

- Assist the worker with conflict resolution and effective communication with the organization.

- Assist with insurance claim appeals.
Case Management and Return to Work Programs

Human Resources

- Assist with duty to accommodate.
- Assist with conflict resolution.
- Provide information of the various benefit plans and the impact on workers.

Insurance Carrier

- Provide timely and effective case management services. Inform the worker of his/her responsibilities according to the insurance policies.
- Monitor the worker’s recovery and attend meetings or perform onsite visits as required.
- Supply benefits in a timely manner.
- Arrange for rehabilitation services.

Workplace Safety and Health Committee

- Provide information regarding safety and health legislation.
- Assist in job placement for worker’s with temporary or permanent restrictions.
- Assist with duty to accommodate.
- Participate in identifying safety and health risks related to work activities.
- Participate in accident/dangerous occurrence investigations.

The Work-Ready Project has developed materials for Work-Ready Workshops.

Work-Ready Workshops are designed as a forum in which all participants can dialogue about effective methods to minimize disability in injured workers.

For more information regarding the Work-Ready Workshop information, contact:

Institute for Work and Health
250 Bloor Street East
Suite 702 Toronto
ON M4W 1E6
www.iwh.on.ca