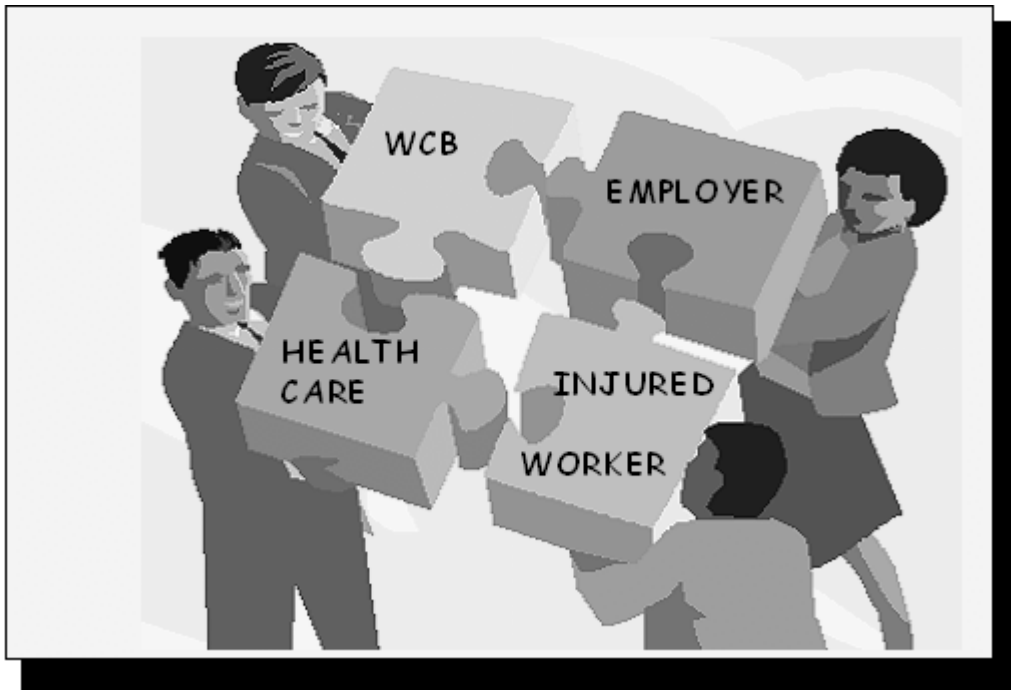




## **DOES YOUR COMPANY OR ORGANIZATION HAVE A RETURN-TO-WORK PROGRAM?**



### **DOES YOUR RETURN-TO-WORK PROGRAM MEET THE STANDARDS SET BY?**

- **THE SASKATCHEWAN WORKERS' COMPENSATION BOARD  
PREVENTION, SAFETY AND RETURN-TO-WORK DEPARTMENT**
- **THE INTERNATIONAL LABOUR ORGANIZATION'S CODE OF PRACTICE  
ON MANAGING DISABILITY IN THE WORKPLACE**
- **THE NATIONAL INSTITUTE OF DISABILITY MANAGEMENT AND  
RESEARCH**

**TO FIND OUT, COMPLETE THE FOLLOWING  
QUESTIONNAIRE AND REVIEW YOUR  
RETURN-TO-WORK PROGRAM**



## 1. RETURN-TO-WORK PROGRAM ELEMENTS

- 1.1 Was your return-to-work program developed by a joint (labour-management) committee?  
 YES  NO
- 1.2 Did your return-to-work program development committee include labour representatives from all sectors or bargaining units, human resources/benefits managers and management representatives from all sectors?  
 YES  NO
- 1.3 Does your return-to-work program cover disabilities that have resulted from occupational and non-occupational injuries and/or illnesses?  
 YES  NO
- 1.4 Does your return-to-work program have a written return-to-work policy statement that has been approved by senior management, and if applicable, senior union/worker representatives?  
 YES  NO
- 1.5 Does your return-to-work policy statement clearly state the scope, principles and intent of your return-to-work program?  
 YES  NO
- 1.6 Is the intent of your return-to-work program to begin the RTW process immediately after the disability occurs; and to accommodate disabled workers to the point of undue hardship in an appropriate position that is safe, meaningful, productive, of value to the employer and within the disabled worker's skills and abilities, even if it requires providing training for the disabled worker and/or the modification of schedules, job descriptions, workstations, or equipment?  
 YES  NO
- 1.7 Does your return-to-work program include a written return-to-work responsibilities statement that has been approved by senior management, and, if applicable, senior union/worker representatives?  
 YES  NO
- 1.8 Does your return-to-work program responsibilities statement clearly outline everyone's (i.e. the employer, directors, managers, team leaders, supervisors, the union, all employees, the RTW Committee, Human Resources, RTW teams, disabled employees, etc.) return-to-work responsibilities?  
 YES  NO

- 1.9 Does each job classification or position within your company/organization have a completed up-to-date job information worksheet? (A job information worksheet is a written assessment of the physical, psychological, sensory and environmental demands of a job.)  
 YES  NO
- 1.10 Does your return-to-work program include a written return-to-work job information worksheet policy that has been approved by senior management, and, if applicable, senior union/worker representatives?  
 YES  NO
- 1.11 Does your return-to-work job information worksheet policy clearly define the purpose of and responsibility for the completion of the job information worksheets?  
 YES  NO
- 1.12 Does your return-to-work program include a written return-to-work job information worksheet procedure that clearly defines how to complete and update job information worksheets?  
 YES  NO
- 1.13 Does your return-to-work program include a written return-to-work salary policy that has been approved by senior management, and, if applicable, senior union/worker representatives?  
 YES  NO
- 1.14 Does your return-to-work salary policy clearly state what pay rate and pay schedule a disabled worker with a temporary disability (any disability from which the worker is expected to recover at some point in time to pre-disability levels-i.e. 10 days, 6 months, 2 years) can expect?  
 YES  NO
- 1.15 Does your return-to-work salary policy address benefit package (i.e. dental, medical, or pension plans) premiums and coverage?  
 YES  NO
- 1.16 Does your return-to-work program include a written return-to-work salary replacement procedure for disabled workers whose disability is the result of an occupational injury/illness that clearly defines who will be paying disabled workers and when (i.e. Workers' Compensation Board, employer, or combination of Workers' Compensation Board and employer)?  
 YES  NO
- 1.17 Does your return-to-work program include a written return-to-work salary replacement procedure for disabled workers who's disability is the result of a non-occupational injury/illness that clearly defines who will be paying disabled workers and when (i.e. private insurance carrier, employer, or combination of private insurance carrier and employer)?  
 YES  NO

- 1.18 Does your return-to-work program include a standard form letter to injured/ill workers' primary health care practitioners requesting physical restrictions based on objective medical evidence?  
 YES  NO
- 1.19 Does your return-to-work program include a standard form letters to injured/ill workers' primary health care practitioners requesting behavioural capabilities?  
 YES  NO
- 1.20 Does your return-to-work program include standard form letters to injured/ill workers?  
 YES  NO
- 1.21 Do your form letters to injured/ill workers provide instructions on when they should have their health care practitioner complete the health care practitioner form letter?  
 YES  NO
- 1.22 Do your form letters to injured/ill workers provide explicit instructions as to whom injured/ill workers are to advise of their condition?  
 YES  NO
- 1.23 Does your return-to-work program include a written return-to-work plan policy that has been approved by senior management, and if applicable, senior union/worker representatives?  
 YES  NO
- 1.24 Does your return-to-work plan policy include the guiding principles that will be used to develop each individual return-to-work plan?  
 YES  NO
- 1.25 Does your return-to-work plan policy ensure that all disabled workers are treated in a fair and consistent manner?  
 YES  NO
- 1.26 Is it the intent of your return-to-work plan policy that all return-to-work plans have a rehabilitative focus and that every effort is made to provide the disabled employee with work similar to his/her pre-disability position?  
 YES  NO
- 1.27 Does your return-to-work plan policy include how workers with permanent disabilities will be accommodated?  
 YES  NO
- 1.28 Does your return-to-work program include a written transitional return-to-work plan (individual return-to-work accommodation) procedure that clearly defines the accommodation process?  
 YES  NO

- 1.29 Do your return-to-work plan (individual return-to-work accommodation) procedures outline specifically who is responsible for what and when during the development and implementation phase of an individual return-to-work plan?  
 YES  NO
- 1.30 Do your return-to-work plan (individual return-to-work accommodation) procedures require that the RTW plan is documented and signed by the disabled worker, his/her immediate supervisor and a union/worker representative?  
 YES  NO
- 1.31 Do your return-to-work plan (individual return-to-work accommodation) procedures require that a copy of the signed return-to-work plan (individual accommodations) is sent to the disabled worker's primary health care practitioner and Workers' Compensation Board or your private insurance carrier?  
 YES  NO
- 1.32 Do you have a pool of accommodation options identified to accommodate specific injuries and illnesses that can be used as a basis to develop your return-to-work plans (individual return-to-work accommodations)?  
 YES  NO
- 1.33 Does your return-to-work program include a written return-to-work program orientation policy that has been approved by senior management, and, if applicable, senior union/worker representatives?  
 YES  NO
- 1.34 Does your return-to-work program orientation policy state who is responsible and accountable for ensuring all new employees know and understand their roles and responsibilities within your return-to-work program?  
 YES  NO
- 1.35 Did you document an orientation strategy/plan for introducing your return-to-work program to all existing employees?  
 YES  NO
- 1.36 Does your return-to-work program include a record keeping process to document when your employees were made aware of your return-to-work program and that they understand all of your return-to-work program's policies and procedures?  
 YES  NO
- 1.37 Does your return-to-work program include a written return-to-work program training policy that has been approved by senior management, and if applicable, senior union/worker representatives?  
 YES  NO

- 1.38 Does your return-to-work program training policy state who is responsible and accountable for ensuring all employees have the knowledge and skills necessary to fulfill their return-to-work program roles and responsibilities?  
 YES  NO
- 1.39 Did you conduct and document a return-to-work program training needs assessment?  
 YES  NO
- 1.40 Did your return-to-work program training needs assessment identify the knowledge and skills that all employees require to fulfill their return-to-work program roles and responsibilities?  
 YES  NO
- 1.41 Did you develop and document a return-to-work program training strategy to ensure that all your employees have the knowledge and skills they require to fulfill their return-to-work program roles and responsibilities?  
 YES  NO
- 1.42 Does your return-to-work program have written measurable return-to-work program objectives that allow you to track the effectiveness of your program?  
 YES  NO
- 1.43 Does your return-to-work program include a written return-to-work program evaluation policy that has been approved by senior management, and, if applicable, senior union/worker representatives?  
 YES  NO
- 1.44 Does your return-to-work program evaluation policy clearly state who is responsible for making and implementing recommendations for improvements to your return-to-work program?  
 YES  NO
- 1.45 Have you developed a return-to-work program outcome evaluation reporting strategy?  
 YES  NO



- 2.6 How have you addressed issues regarding the cost of having the primary health care practitioner complete the return-to-work form letters?
- 2.7 When and how often are disabled workers expected to provide form letters completed by their health care practitioners outlining their medical and/or behavioural restrictions to their supervisors and/or return-to-work team?
- 2.8 How have you made everyone aware that when s/he suffers an injury/illness that results in a disability, s/he is to provide her/his supervisor and/or return-to-work team with a completed return-to-work form letter outlining her/his medical and/or behavioural restrictions at the beginning of her/his next scheduled shift or as soon as they are able to medically return to the work place?
- 2.9 Who is responsible for ensuring that a disabled worker's health care practitioner completes the appropriate return-to-work form letter?
- 2.10 How have you made everyone in the organization/company aware of your policy outlining the process for developing return-to-work plans (individual accommodations)?
- 2.11 What is your process for determining suitable accommodations for an injured/ill worker?

- 2.12 Who are the members of the return-to-work team that develop the return-to-work plan (individual accommodation) with the disabled worker?
- 2.13 How have you ensured that all disabled receive fair and consistent treatment?
- 2.14 Who is responsible for monitoring individual return-to-work plans (individual accommodations)?
- 2.15 How often does the return-to-work team meet with the disabled worker to discuss progress and modify his/her return-to-work plan (individual accommodation)?
- 2.16 After a transitional return-to-work plan is finished (the disabled worker is able to return to his/her pre-disability job), how do you evaluate the success of the return-to-work plan?
- 2.17 Who is responsible for ensuring that new staff receives an orientation to your return-to-work program?

- 2.18 Who is responsible for ensuring that all staff receives the return-to-work training identified in your return-to-work training needs assessment?
- 2.19 What specific training have supervisors received so that they have the skills and knowledge they require to fulfill their return-to-work roles and responsibilities?
- 2.20 How have you made everyone in the organization/company aware of your return-to-work program objectives?
- 2.21 What data are you collecting to track the success of your return-to-work program?
- 2.22 How often do you compare the results of your return-to-work program to your objectives?
- 2.23 Who is responsible for ensuring return-to-work program objectives are being met and identifying where improvement may be required?

**IF YOU ANSWERED 'YES' TO ALL THE QUESTIONS IN SECTION 1 AND IF YOU COULD EASILY ANSWER ALL THE QUESTIONS IN SECTION 2, YOUR RETURN-TO-WORK PROGRAM IS MOST LIKELY OPERATING UNDER THE STANDARDS SET BY:**

- **THE SASKATCHEWAN WORKERS' COMPENSATION BOARD  
PREVENTION, SAFETY AND RETURN-TO-WORK DEPARTMENT**
- **THE INTERNATIONAL LABOUR ORGANIZATION'S CODE OF PRACTICE  
ON MANAGING DISABILITY IN THE WORKPLACE**
- **THE NATIONAL INSTITUTE OF DISABILITY MANAGEMENT AND  
RESEARCH**

**FOR ASSISTANCE IN DEVELOPING OR REVISING  
YOUR RETURN-TO-WORK PROGRAM CONTACT:**

THE SASKATCHEWAN WORKERS' COMPENSATION BOARD  
PREVENTION, SAFETY & RETURN-TO-WORK DEPARTMENT  
PHONE: (306) 787-9516 OR TOLL FREE 1-800-667-7590  
FAX: (306) 787-4256 OR TOLL FREE 1-888-844-7773  
EMAIL: PSRTW@WCBSASK.COM

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