

Transitional Return-to-Work Plan Procedure

1. Ensure that the injured worker has the HCP-1/HCP-2 form letter to give to his/her health care practitioner for completion during his/her initial medical appointment.
2. Arrange for contact with the injured/ill worker as soon as possible after his/her initial medical appointment to find out if his/her injury/illness has resulted in a disability.
3. Meet with the disabled worker at the beginning of the disabled worker's next scheduled shift or when the disabled worker is medically able to report to the workplace to:
 - a) Inform the worker that he/she will continue to receive employer paid salary for hours worked at his/her pre-disability pay rate and pay schedule.
 - b) Discuss and agree upon how benefits will be deducted.
 - i.e. EI – Deduction pro-rated to hours worked
 - CPP- Deduction pro-rated to hours worked
 - Medical/Dental Plan - \$ () deducted per pay period
 - c) Inform the worker that he/she will also receive wage loss benefits for remaining time loss, directly from the WCB once the acceptability of their claim has been determined.
 - d) Define the specific duties, expected duration and progression of the disabled worker's Transitional RTW plan based on the information provided in the HCP-1 and/or HCP-2
4. Write up and sign the completed "Transitional RTW Plan Form" to document the accommodation.
5. For disabled workers with accepted WCB claims, communicate with the WCB to resolve any concerns/issues regarding the availability of diagnostics or medical treatments, the suitability of specific accommodations, and/or a disabled worker's refusal to participate in a transitional RTW plan
6. Forward copies of the signed RTW plan, the completed form letter HCP-1/HCP-2 to the WCB.
7. Make arrangements with the WCB to report time loss hours and to have wage loss benefits for time loss paid directly to the disabled worker.
8. Ensure that the disabled worker gets form letter HCP-1 and/or HCP-2 completed when/if his/her medical restrictions/behavioral capabilities change so that his/her transitional RTW plan can be modified accordingly.
9. When/if the disabled worker's medical restrictions/behavioral capabilities change, forward copies of the modified signed RTW plan and subsequent completed form letter HCP-1/HCP-2 to the WCB.

Transitional Return-to-Work Plan Form

Worker 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 Worker Signature Date

 Owner/Manager Signature Date