



Manitoba Operations



STANDARD PROCEDURE INSTRUCTION

Title		SPI # 34-14
Partially Disabled Employees – Return to Work Policy		
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Return to Work Policy

In partnership with:



INDEX

Section 1 - Introduction

Introduction	1
Acronyms	2
Definitions.....	3
Employee Responsibilities - Occupational (Work related injury)	3
Employee Responsibilities Non-Occupational	4
Superintendent Responsibilities.....	1
Managers, General Managers and Vice - Presidents Responsibilities.....	2

Section 2 - RTW Process

RTW Process Flowchart	4
Step 1:First-aid protocols initiated, documentation starts.	5
Step 2:NCM, Rehab Coordinator and employee exchange information with workplace	6
Step 3:NCM contacts employee, interviews and informs employee about process,	7
Step 4:For Occupational injury / illness Rehab Coordinator and NCM to establish plan	9
Step 5:NCM maintains regular contact with employee, schedules appropriate treatments,	10
Step 6:NCM gathers medical information from appropriate sources	12
Step 7:Information updated between NCM, Rehab Coordinator / WCBA, WCB,	14
Step 8:Medical information received indicates employee is able to RTW in some capacity	16
Steps 9 to 15: Return to Regular work, Temporary precautions—Yes or No?,	18
Steps 16 & 17: Permanent Restrictions	19

Section 3 - Escalation Process

Escalation Process Flow Chart	28
Step 18: Placement in Manager area within 2 days of RTW?	29
Step 20: a) Seek temporary placement while awaiting determination	31
Step 21: Placement facilitated by Divisional Job Search within 5 business days of request?	32
Step 22: Joint Placement Committee reviews the case and makes recommendations	33
Step 23: New vocation training is initiated	34
Step 24: Seek Permanent Placement.....	35
Step 25: General Manager initiates Case Review with Vice - President	36

Section 4 - Appendices

Collective Bargaining Agreement Articles 2

CONTACT LIST 6

Introduction

Manitoba Operation's Return to Work Policy is a Joint Disability Management Program formulated to assist employees to return to work, as early and efficiently as possible following injury or illness.

A disability management program with formal policies and procedures will allow for legislative requirements for accommodation and return to work to be met. The duty to accommodate injured or ill employees has firm basis in law and changes to the Worker's Compensation Act of Manitoba require the Company to maintain a program to return employees to work as soon as medically possible.

Management is committed to providing meaningful work, according to specified restrictions following injury or illness. The goal of this commitment is to ensure the employee's limitations are considered, so the worker is not placed in an environment where aggravations of the condition will occur. This requires a close working relationship between the Employee, Management, the Rehab Coordinator, Primary Care Provider, Medical Consultants, Workers Compensation Board, WCB Administrator, Insurance and Union representatives.

The following Return to Work procedure was formulated by a working group of union, management and Horizon. The goal of the group has been to produce a working procedure and achieve an efficient workable process that meets the needs of all parties in the Manitoba Operations. This includes an escalation process, which is initiated in the event that normal practices in the procedure are exhausted.

Benefits from assisting people to return to work outweigh the costs. Research has shown that when the costs of return-to-work programs are weighed against the costs of increased insurance (Workers Compensation or Weekly Indemnity), replacing and training new employees and the loss of productivity, there is a significant and positive cost-benefit ratio and a financial saving. Most people are better off financially over time if they are working rather than receiving insurance payments. There is also a cost to society when people do not have wage income.

Often there is an improvement in workplace morale when workers realize that in case of an illness or injury, their organization wants them to return to work and that management, labour and co-workers will support them in doing so. On a holistic level, studies have indicated an improvement in the healing process – mentally or physically - when employees are able to return to work in some capacity as early as possible.

Acronyms

Acronyms Used in the Text:

A&S	Accident and Sickness (Non occupational illness or injury)
Appt.	Appointment
ESRTW	Early and Safe Return to Work Plan
FRHA	First Response Health Attendant
FAF	Functional Abilities Form
FCE	Functional Capacity Evaluation
HR	Human Resources
IME	Independent Medical Evaluation
IPE	Independent Psychological Evaluation
JPC	Joint Placement Committee
LTD	Long term Disability
Manulife	A&S provider
MD	Medical Doctor
MWS	Modified Work Sheet
NCL	Nurse Clinician
NCM	Nurse Case Manager
OM Dept.	Occupational Medicine Department (Horizon)
P&P	Policy and Procedure
PCE	Psychiatric Capacity Evaluation
PDA	Physical Demands Analysis
RTMW	Return To Modified Work
RTRW	Return To Regular Work
RTW	Return To Work
SALCON	Salary Continuance
SUPT	Superintendent
STD	Short Term Disability
WCB	Workers Compensation Board of Manitoba
WCBA	WCB Administrator
WSR	Worker Safety Rep

Primary Care Provider Includes:

- Medical Doctor
- Physiotherapist
- Chiropractor
- Nurse Clinician
- Specialist

Definitions

Alternate Work

Work in a described job (existing or new) other than the employee's regular classified job. It may be in the employee's original or another department.

Modified Work

May be less than the full scope of the regular job. Includes "selective assignments" where the employee does only certain duties within the job description because restrictions prevent the employee from doing all aspects of the job. Additional work will be provided to fill a full shift. May be a "new" job that consists of a portion of two or more jobs.

Temporary Work

Includes low priority but necessary work on such things as sign making and blasting box construction. Normally of short duration - less than 20 work days. May include unplanned projects e.g. assignments in technical service areas.

Temporarily Disabled

The employee will at some time return to full job duties. Includes recovery and recuperation periods. Long term is 20 or more work days. Short term is less than 20 work days.

Permanent Partial Disability

Permanent condition (injury or illness) that has been verified by a written medical report. The employee may still be capable of performing the full job scope (e.g. hearing loss, white hand). The employee may be able to perform the full scope of a job in a different area or department (e.g. rash, phobia, and angina).

Irritants

Includes such things as acid fumes, SO₂ and other gases, dust, vibration, oil and grease, and extremes of temperature. The employee can perform the full job scope in the absence of these irritants.

Employee Responsibilities - Occupational (Work related injury)

When an employee is injured at work:

1. When practical, the employee **must** immediately notify the Supervisor as soon as an injury has occurred.
2. If the injury prevents the employee from continued regular work, the employee will report to the First Response Health Attendant and then if deemed necessary, immediately seek further medical treatment. They will receive a FAF that is to be filled out by the appropriate primary care provider indicating capabilities.
 - a. While attending First Aid the employee shall give clear, concise, objective data regarding the events leading to the injury. Upon completion of the documentation in the log book, the employee will review and sign the entry.

- b. If seeking further medical treatment, the employee will:
 - i. Ensure that the health care provider understands there may be modified work available in his area
 - ii. Read the FAF prior to departing the health care facility to ensure that the document matches the instructions given.
3. The supervisor must be notified that the employee is seeking further medical care.
4. Following receipt of medical attention, the employee **must** report to their supervisor or Superintendent.
 - **If declared fit** to return to regular duties, the employee will report their status to their supervisor
 - **If assigned restrictions** the employee will report immediately to their supervisor, with the completed Functional Abilities Form to coordinate his/her return to work.
 - **If deemed unfit** to return to work by the attending Primary Care Provider, the employee **must** report their status to the supervisor and submit an off work slip as soon as practical.

Note: An off work slip may be a FAF or similar document that indicates the employee is unable to attend work.
5. Upon returning to work with a completed Functional Abilities Form, employees must participate in making and approving the return to work plan through completion of the Modified Work sheet.

Employee Responsibilities Non-Occupational

(for Absences from Work due to Non Work Related Medical Reasons)

1. The employee **must**, at the earliest possible time and prior to the start of his/her scheduled shift contact his/her Supervisor to advise of their absence from work.
2. **If deemed unfit** to return to work, Employees must contact the Claims and Benefits Representative at the earliest possible time for direction on processing a disability claim; arranging return to work, etc.
 - **If declared fit** to return to regular duties, the employee will report their status to their supervisor
 - **If assigned restrictions** the employee will report immediately to their supervisor, with the completed Functional Abilities Form to coordinate his/her return to work
3. Employees must speak directly to their supervisor before returning to work in any capacity.

Supervisor Responsibilities (Work related injury)

When an employee is injured at work:

1. The Supervisor shall interview the employee to ascertain full details of the incident resulting in injury. An **incident report must be completed**, preferably before the end of the shift and not later than the end of the employee's next scheduled shift.
2. If an employee is unable to continue regular work due to illness or injury, the supervisor must ensure that the employee sees the First Response Health Attendant.
3. Upon receipt of notification that the employee is seeking further medical care the supervisor will expect that if the employee is;
 - **Declared fit** to return to regular duties, the employee will report their status to their supervisor
 - **Assigned restrictions** the employee will report immediately to their supervisor, with the completed Functional Abilities Form to coordinate his/her return to work.
 - **Deemed unfit** to return to work by the attending Primary Care Provider, the employee **must** report their status to the supervisor and submit an off work slip as soon as practical.

Note: An off work slip may be a FAF or similar document that indicates the employee is unable to attend work.

4. Upon return of the employee the Supervisor will coordinate a return to regular or modified duties where appropriate. When required, the supervisor and the employee will complete a Modified Work sheet. The Rehab Coordinator and the JPC Coordinator are a resource to the supervisor to assist with the return to work process.

Note: Every reasonable effort must be made to accommodate the worker's capabilities.

In the event that an employee is declared unfit to return to work or returning with restrictions that appear to prevent return to work in the supervisor's area the Supervisor must inform the Superintendent immediately.

5. **Supervisor will forward a copy of the completed Modified Work Sheet to the Rehab Coordinator/ WCBA.**

Superintendent Responsibilities

1. The primary accountability of the Superintendent is to ensure that they and employees in their area of responsibility understand, apply and comply with the Return to Work process.
2. In most cases the supervisor and the employee can review FAF's and agree on suitable work. In some cases consideration must be given to assistive devices or building renovation. In these cases the Superintendent shall examine and discuss the ability to provide suitable work as indicated in FAF with the Rehab Coordinator. If no suitable work is available then the Escalation Process shall occur.
3. When all attempts to provide an employee with suitable work in their work area have been exhausted the Escalation Process is invoked. The Superintendent is required to review and understand the FAF and then examine roles and opportunities within their area of responsibility that are suitably matched to the employees capabilities. The Superintendent is required to complete this assessment and possible placement within two (2) days to the Employee's return to work. The Superintendent and the Rehab Coordinator shall discuss the results of the Superintendent's efforts after the two (2) days or the very next business day.
4. Superintendents must monitor the progress of employees in their area of responsibility that are on Modified Work. There are a number of ways to ensure progress is being made to return the employee to their regular work. These include, reviews with the employee, the supervisor, reviewing and assessing Modified Work Sheets and consultation with the Rehab Coordinator. Understanding where employee is in the Return to Work process (flow sheet) will greatly assist the Superintendent to monitor an employee's progress to return to full duties.
5. In order to undertake the Superintendents accountabilities it is prudent for the Superintendent to be prepared. This preparation includes developing and maintaining a variety of duties that would be appropriate for employees with restrictions. This list of tasks should be posted and periodically reviewed by/with supervisors and their reports. Additional preparation includes having a thorough understanding of the physical and mental aspects of the primary roles with in their area of responsibility. A PDA library, compiled with the assistance of a Kinesiologist or a person with similar competencies, of the primary roles in a Superintendents area of responsibility is a valuable tool when trying to place an employee with restrictions.

Manager, General Manager and Vice-President Responsibilities

1. The primary accountability of these roles is the efficient and seamless operation of the return to work system. This can be accomplished by periodically undertaking an internal assurance check of the system. This includes a range of activities from a formal audit by a support department to an informal conversation with an employee within the system.
 - a) The Manager is to implement the system and monitor the behaviours.
 - b) The General Manager is to audit the effectiveness of the system.
2. Other accountabilities for this group as individuals are outlined in the Escalation Process these include time commitments. The accountabilities are designed to systematically increase the search area for placement of an employee with restrictions in a respectful amount of time.



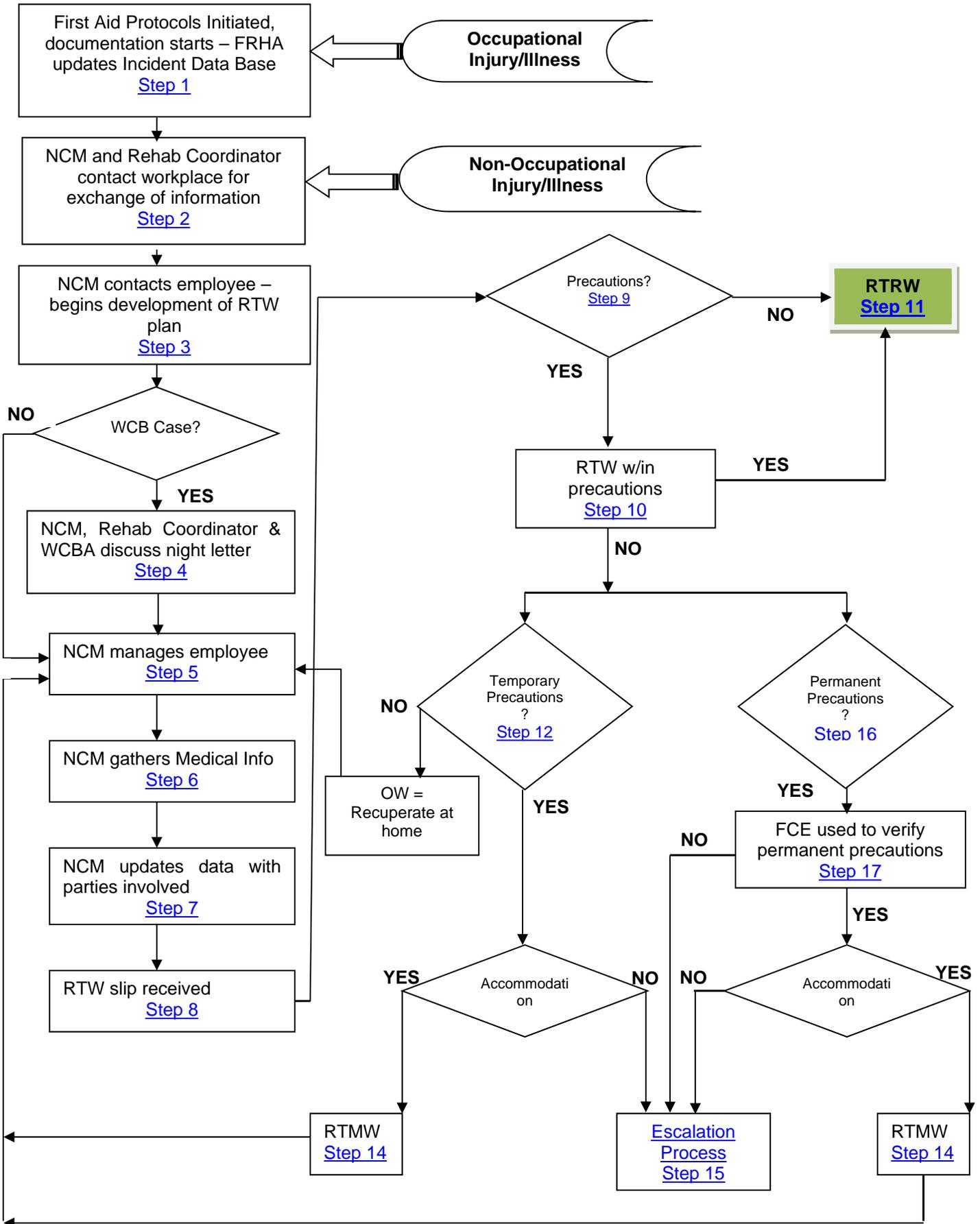
Manitoba Operations



Return to Work Process



RTW Process Flowchart



Step 1: First-aid protocols initiated, documentation starts.
First Response Health Attendant (FRHA) updates Incident Data Base

Purpose: To ensure primary care is provided for the employee.

Context: To administer First Aid, follow up with appropriate treatment of the employee depending on the type of injury/illness, record the injury details and initiation of WCB Documentation Process is initiated.

Participant	Task	Timeframe	Reference	Metric
FRHA	Treats the injury, decides course of action such as employee finishing the shift if minor injury/illness or possible transfer to Horizon Nurse Clinician (NCL) or hospital if advanced assessment or treatment is required	Immediately	First Aid Policy and Procedure Manual	Injury Stats
FRHA	Enters details of injury/illness into Incident Database. Contacts Horizon for all injuries/illnesses entered into Database as Medical.	Same Day	First Aid Policy and Procedure Manual	Injury Stats
WCBA	Fills out WCB Employer's industrial accident (Form 2). Submits case data to WCBA and records claim numbers.	Same Business days	No reference	Number of WCB Form 2 Reports completed
FRHA, WCBA Rehab Coordinator, JPC Coordinator	Information provided to employee (WCB info card) and encouraged to establish WCB claim by: <ul style="list-style-type: none"> • Calling the WCB Call Center (1-800) or; • Completing a Form 3-Worker's report. 	Same day	First Aid Policy and Procedure Manual	Compare number of form 2's completed vs. WCB correspondence indicating no claims made.

Step 2: NCM, Rehab Coordinator and employee exchange information with workplace

Purpose: To initiate the flow of information.

Context: The flow of information between the Workplace, WCB, WCBA, Rehab Coordinator and the Occupational Medicine Department (OM Dept.) is established, with the common goal of early and safe return to work. To exchange information regarding the nature and extent of injury/ illness.

Participant	Task	Timeframe	Reference	Metric
Employee & Supervisor	Contact immediate supervisor to communicate status. The Supervisor will notify Superintendent with employee status. In the case of non-occupational injury/illness the Supervisor advises employee to contact Horizon, if anticipates absence of greater than 3 days.	Immediately, depending on the nature of injury/illness	Employee orientation A & S Policy	
NCM	Reviews electronic notification of Night Letter - Incident and Injury Report (occupational) Clarifies FAF as appropriate	Reviewed daily, Monday to Friday, before 0800hrs Immediately upon request	Horizon P&P: Occupational Disability Case Management	OM Dept. Nursing Audits & Vistamed Report: Date of notification review
Rehab Coordinator	Phones or emails Supervisor / Safety Facilitator to gather information on: <ul style="list-style-type: none"> Employee's status Classification of injury (occupational/non-occupational) Employee's regular job Site's willingness to allow employee to attend therapy and/or appointments on company time Availability of modified work Exchange information with NCM & WCBA 	Employee's workplace to be contacted within 24 hours of notice Monday to Friday.	RTW Process	Date worksite contacted for information

Step 3: NCM contacts employee, interviews and informs employee about process, roles and responsibilities, begins development of RTW plan

Purpose: Exchange information with employee regarding RTW process.

Context: To establish lines of communication with all parties involved.

Participant	Task	Timeframe	Reference	Metric
NCM	<p>Make initial contact with the employee via telephone either at home or at work to discuss:</p> <ul style="list-style-type: none"> a. Role of the NCM and OM Dept.; b. Mechanism/history of injury/accident/illness; c. Current condition – how he/she is feeling; d. Treatment; e. Prognosis; f. Precautions; g. Suitable modified work if applicable; h. Revisits to treating physician; Physicians' instructions, tests and treatments; i. OM Dept. services; j. For A&S - Discuss instructions for completion and return of Manulife/SALCON forms; k. For WCB - Discuss applying for Short Term Disability benefits if claim contested or if there is a delay (minimum 14 days) in acceptance of claim from WCB; l. Medical release and requests for medical information; m. RTW clearance via OM Dept. if necessary; n. Medication and provide health teaching as needed <p>Dates and times of attempted contacts will be documented in Vistamed.</p>	<p>The NCM attempts to make initial contact the day of notification of Lost time (within 24 hours)</p> <p>A telephone interview should be done with employee within the first two (2) working days following notification</p>	<p>Horizon P&P: Occupational Disability Case Management; Non-occupational Disability Case Management</p>	<p>OM Dept. Nursing Audits & Vistamed Report:</p> <p>Date of initial telephone contact or attempted contacts to employee, at work or at home is within 24 hrs.</p> <p>Date of telephone interview is within two (2) working days.</p>

Participant	Task	Timeframe	Reference	Metric
NCM	<p>Begins to develop a personal RTW plan with the employee by estimating the length of time the employee will be off work or modified, using the Presley Reed Guidelines</p> <ul style="list-style-type: none"> The guidelines establish a consistent approach to determining duration of disability. <p>Discusses RTW process and preliminary plan with employee</p>	During initial interview if employee is well enough (if not well enough discussion will occur at subsequent contact)	Horizon P&P: Occupational Disability Case Management; Non-occupational Disability Case Management	OM Dept. Nursing Audits & Vistamed Report: Date of discussion of estimated time off and preliminary discussion of RTW process and plan
NCM	Communicates status and estimated return date of off-the-job cases to Rehab Coordinator and the workplace contacts as per snap shot distribution list	Snapshot – bi-weekly JPC - monthly	Horizon P&P Rehab SPI	
NCM	If employee is not able to be contacted through reasonable means (e-mail, telephone, contact with union) within three (3) business days the SC, USW Local 6166 JPC rep and Rehab coordinator will be notified	Workplace advised within three (3) business days	Horizon P&P: Occupational Disability Case Management; Non-occupational Disability Case Management	OM Dept. Nursing Audits & Vistamed Report: Number of memos required to be sent to Workplace Contact

Step 4: For Occupational injury / illness Rehab Coordinator and NCM to establish plan for RTW

Purpose: To update the status of the employee.

Context: Aspects to be determined are: expected RTW date, extended recovery time, WCB communications

Participant	Task	Timeframe	Reference	Metric
Rehab Coordinator and NCM	Discuss; <ul style="list-style-type: none"> • Employees status • Expected RTW date and functional abilities if available 	Within 24 hours Monday to Friday or change in status	RTW Policy	Rehab Coordinator Stats
Rehab Coordinator	Communicate to Superintendent & WCBA; <ul style="list-style-type: none"> • Employees status • Expected RTW date and functional abilities if available 	Within 24 hours Monday to Friday or change in status	RTW Policy	Rehab Coordinator Stats
WCBA	Contact WCB case manager to provide; <ul style="list-style-type: none"> • Payroll information • Work schedules • Clarify injury / illness details 	Within 24 hours Monday to Friday or change in status	RTW Policy	Rehab Coordinator Stats
WCBA	Provide WCB information to OM department	Upon receipt	RTW Policy	
NCM	Provide information from WCB adjudicator to Rehab Coordinator & WCBA	Immediately upon receipt	Horizon P&P	OM Dept. Nursing Audits & Vistamed Report: Date of notification of employer review

Step 5: NCM maintains regular contact with employee, schedules appropriate treatments, facilitates appointments, guides employee and monitors progress for occupational / non occupational related injury / illness.

Purpose: To facilitate rehabilitation of the worker.

Context: The NCM will use all means that are at their disposal, and if required will utilize appropriate agencies to escalate the process.

Participant	Task	Timeframe	Reference	Metric
NCM	Maintain regular contact with the employee, guides the employee and monitors their progress based on: <ul style="list-style-type: none"> • Severity of injury/condition; • Doctors' plan of care; • Treatment (i.e. physio reports); • Frequency of family physician and Specialist appointments • Contact is based on specific diagnosis and treatment regime 	NCM continues to follow up with the employee until he has reached a permanent outcome, ie. RTRW, permanent modified work, disability pension, etc.	Horizon P&P: Occupational Disability Case Management; Non-occupational Disability Case Management	Horizon internal quality assurance audit
NCM	NCM will assist in scheduling appropriate treatments and referrals to: <ul style="list-style-type: none"> • Physiotherapy • NCL • Chiropractic therapy • Employee Assistance Program • Dietician • Kinesiologist • Specialist as required 	Day 1 and as required	Horizon P&P	Horizon internal quality assurance audit

Participant	Task	Timeframe	Reference	Metric
NCM	Reviews specialist appointment times scheduled by family doctors. Facilitates rapid access consult appointments with a specialist in that field when appropriate.	Review all specialist appts. scheduled by family MD upon receipt of information. Schedule rapid access appts. when waiting time is inappropriate for that specialty.	Horizon P&P	Number of specialist appts. scheduled. Number of appts. with extended waiting times. # of days of reduced waiting time through rapid access consults

Step 6: NCM gathers medical information from appropriate sources

Purpose: To ensure employee receives appropriate care in a timely fashion.

Context: The NCM will monitor treatment and rehabilitation interventions as prescribed and will review restrictions in order to ensure timely and safe RTW placement

Participant	Task	Timeframe	Reference	Metric
NCM	<p>If the injury/illness related absence exceeds ten (10) employee working days (equivalent regular hours) or if the employee's condition is not progressing in the expected time frame, as per Presley Reed guidelines.</p> <p>Access medical information for injury/illness related absences from treating primary care providers, WCB sources, treating facilities, with employee's written consent</p>	Immediately upon receipt of information.	<p>Horizon P&P: Occupational Disability Case Management;</p> <p>RTW SPI 34-14</p>	<p>OM Dept. Nursing Audits & Vistamed Report:</p> <p>All lost time charts will have medical information accessed after ten (10) working days</p>
NCM	<p>If modified work is expected to exceed twenty (20) employee working days (equivalent regular hours).</p> <p>Access medical information for employees performing modified work from treating primary care providers, WCB sources, treating facilities, with employee's written consent</p>	Immediately upon receipt of information.	<p>Horizon P&P: Occupational Disability Case Management; Non-occupational Disability Case Management</p> <p>RTW SPI 34-14</p>	<p>OM Dept. Nursing Audits & Vistamed Report:</p> <p>All modified work charts will have all medical information accessed after 45 working days</p>

Participant	Task	Timeframe	Reference	Metric
NCM	<p>Review medical interventions if modified duties exceed expected timeframe as indicated by primary care provider on original FAF.</p> <p>Upon exceeded timeframe as determined by FAF, NCM to consult with employees primary care provider to determine effectiveness of medical interventions and provide recommendations as necessary.</p>	Expected RTW date as indicated on initial FAF or twenty (20) working days (whichever is less).	Horizon P&P: Occupational Disability Case Management; Non-occupational Disability Case Management	<p>OM Dept. Nursing Audits & Vistamed Report:</p> <p>All charts will be reviewed as required within the specified time line</p>
NCM	<p>OM department will rely on individual employees primary care provider for discretion in authorizing employees back to work with the following examples or conditions;</p> <ul style="list-style-type: none"> • Employee is off work and has new permanent or temporary precautions • Chest pain/cardiac condition • Seizures • Safety sensitive issues dizziness, medications • Psychiatric – depression/anxiety stress • Substance abuse • Severe musculo-skeletal injury (fracture) • Newly diagnosed diabetic • Complicated cases 	As necessary – possibly as a result of the initial interview or subsequent interviews	Horizon P&P: Occupational Disability Case Management; Non-occupational Disability Case Management	<p>OM Dept. Nursing Audits & Vistamed Report:</p> <p>All charts will be reviewed as required within the specified time line</p>

Step 7: Information updated between NCM, Rehab Coordinator / WCBA, WCB, Manulife / SALCON, primary care providers and JPC

Purpose: To assist in formulating a plan for return to work

Context: To provide and receive information regarding the employee's status and expected return to work in order to assist the workplace to plan workforce scheduling.

Participant	Task	Timeframe	Reference	Metric
NCM	<p>For WCB claims, when the NCM is aware, an e-mail will be sent to the Rehab Coordinator / WCBA:</p> <ul style="list-style-type: none"> • When there is non-compliance with medical interventions • When there are problems with providing accommodated work • When the accommodated work that is provided is outside of the FAF. 	Same day	RTW Policy	<p>OM Dept. Nursing Audits:</p> <p>Number of email required to be sent.</p>
NCM, Rehab Coordinator/ WCBA	<p>Exchange of information will occur between the NCM and Rehab Coordinator when:</p> <ul style="list-style-type: none"> • Functional abilities change • Recovery time changes • There is an expected RTMW/RTRW date • The site cannot/will not accommodate the employee • Accommodated work that is provided is outside of the FAF • Great-West Life/SALCON claim is initiated • The employee has been on modified work > twenty (20) days 	Immediately upon changes	RTW Policy	Not required

Participant	Task	Timeframe	Reference	Metric
NCM, Rehab Coordinator / WCBA and JPC	Exchange of all non-compliance issues, WCB concerns or clarification issues, will take place with the JPC, NCM, WCBA / Rehab Coordinator	As required on an ongoing basis and at monthly JPC meetings.	RTW Policy	# of non-compliance issues and # resolved
NCM	For A&S absence, NCM contacts A&S adjudicator regarding RTMW/RTRW	On receipt of information.	Horizon P&P: Non-occupational Disability Case Management	OM Dept. Nursing Audits: # of contacts to A&S from NCM's

Step 8: Medical information received indicates employee is able to RTW in some capacity or has exceeded estimated RTW date (as per Step 6)

Purpose: To return employees to work as soon as they are capable.

Context: The work will be either the employee's regular duties or modified work.

Participant	Task	Timeframe	Reference	Metric
Employee	<p>If off work, an employee, when necessary, obtains RTW slip/FAF, stops in at the First Aid station and presents the document to the FRHA as well as to the immediate supervisor upon return to the work place.</p> <p>When necessary means:</p> <ul style="list-style-type: none"> • Returning to work with reduced abilities • Returning to work on different date than indicated by primary care provider on initial FAF or STD form 	Submits slip/FAF on return to work date.	RTW Policy	Not required
NCM or NCL	Communicates status changes and estimated RTW to Rehab Coordinator / WCBA	As soon as NCM or NCL is aware.	Horizon P&P: Occupational Disability Case Management; Non-occupational Disability Case Management	Not required
Employee, Rehab Coordinator JPC Coordinator	Works with supervisor to obtain agreement on modified work program and complete MWS. Rehab Coordinator and JPC Coordinator are resources if agreement cannot be reached.	When returns to RTMW.	RTW Policy	MWS completed.

Participant	Task	Timeframe	Reference	Metric
Supervisor	<p>Obtain new MWS whenever modified workplace changes or abilities change on FAF, until RTRW.</p> <p>Remit appropriate MWS and copy of FAF to WCBA as completed/received. Communicates to Superintendent ability to accommodate.</p>	As completed/received	RTW Policy	MWS completed.
FRHA	Fax copies of FAF, MWS and any other pertinent document to OM Dept., WCBA and other parties as necessary	As necessary.	First Aid Policies	Not required.
WCBA/Rehab Coordinator	<p>Forwards communication from NCM to appropriate personnel:</p> <ul style="list-style-type: none"> • General Manager • Superintendent, Manager • WSR • JPC 	Immediately upon receiving information from NCM	RTW Policy	Not Required

Steps 9 to 15: Return to Regular work, Temporary precautions—Yes or No?

Accommodation Required—Yes or No?

Accommodation Possible—Yes or No?

Employee Instructed to recuperate at home

Purpose: Determination of employee capabilities for RTRW or whether accommodations are required and available

Process: Once the employee is ready to RTW in some capacity, it will be determined whether he can RTRW (box 11) or requires temporary or permanent precautions. If the employee requires temporary precautions (box 12) they may return to their regular duty work if the job demands are within their precautions (box 10). If they are not able to return to their regular duty job, accommodation is required (box 13) and it must be determined if accommodation is possible (box 14) If it is determined that accommodation is not possible, then the employee will enter the escalation process (box 15).

Participant	Task	Timeframe	Reference	Metric
Employee	Returns to work within capabilities identified or recuperates at home as per medical instruction.	When fit to work in some capacity	RTW Policy	
Supervisor	Assigns appropriate work to employee within capabilities. Monitors employee's progress. Inform Superintendent if no work available.	As completed/received	RTW Policy	
Superintendent/Rehab Coordinator	Discuss ability to provide suitable work as indicated in FAF consideration must be given to assistive devices or building renovation. If no suitable work available refer to Escalation Process Flow Chart	As completed/received	RTW Policy	
NCM and NCL	Will continue to monitor and assist employee until he/she has returned to regular duty for a period of two full weeks	On Going	Horizon P&P: Occupational Disability Case Management; Non-occupational Disability Case Management	OM Dept. Nursing Audits

Steps 16 & 17: Permanent Restrictions

FCE used to verify Permanent restrictions as recommended by Primary Care Provider. Results will be communicated to those involved in the employee's RTW process.

*****Reminder: This process is used for Occupational and Non Occupational purposes.*****

Purpose: To verify and quantify Primary Care Provider's recommendation

Participant	Task	Timeframe	Reference	Metric
Employee	Presents document with permanent restrictions to immediate supervisor	Upon Receipt of documentation of permanent restrictions	RTW Policy	
Supervisor	Contacts OM Department to report permanent restrictions and forwards document	Upon Receipt of documentation of permanent restrictions	RTW Policy	
NCM	NCM organizes FCE for employee and communicates to: <ul style="list-style-type: none"> • Rehab coordinator / WCBA • JPC 	Upon Receipt of documentation of permanent restrictions	Horizon P&P: Occupational Disability Case Management; Non-occupational Disability Case Management	OM Dept. Nursing Audits Date of notification review
Rehab Coordinator	Communicates the FCE appointment to: Supervisor, Superintendent, Manager	Upon Receipt of documentation of permanent restrictions and information from NCM	RTW Policy	

Participant	Task	Timeframe	Reference	Metric
Medical Director	Review all medical information and determine if the employee requires further assessments to verify permanent precautions (ie. FCE, PCE, IME, IPE)	As soon as requested by NCM	Horizon P&P: Occupational Disability Case Management; Non-occupational Disability Case Management	OM Dept. Nursing Audits Number of days from request for assessment to assessment
NCM	Communicate verification of permanent precautions to: <ul style="list-style-type: none"> • Rehab Coordinator / WCBA • JPC • A&S adjudicator 	As received from Medical Director	RTW policy	OM Dept. Nursing Audits
WCBA / Rehab Coordinator	Communicates permanent precautions to Supervisor, Superintendent, Manager, WSR, HR and Work Place Contact as per snap shot distribution lists. If severe permanent precautions will prevent the employee from returning to any type of work the Rehab Coordinator will request the Area General Manager for course of action.	As received from NCM	RTW policy	
Rehab Coordinator	For severe permanent precautions once request is received entry of employee into Escalation Process is made at the General Manager level.	As received from Rehab Coordinator	RTW policy	

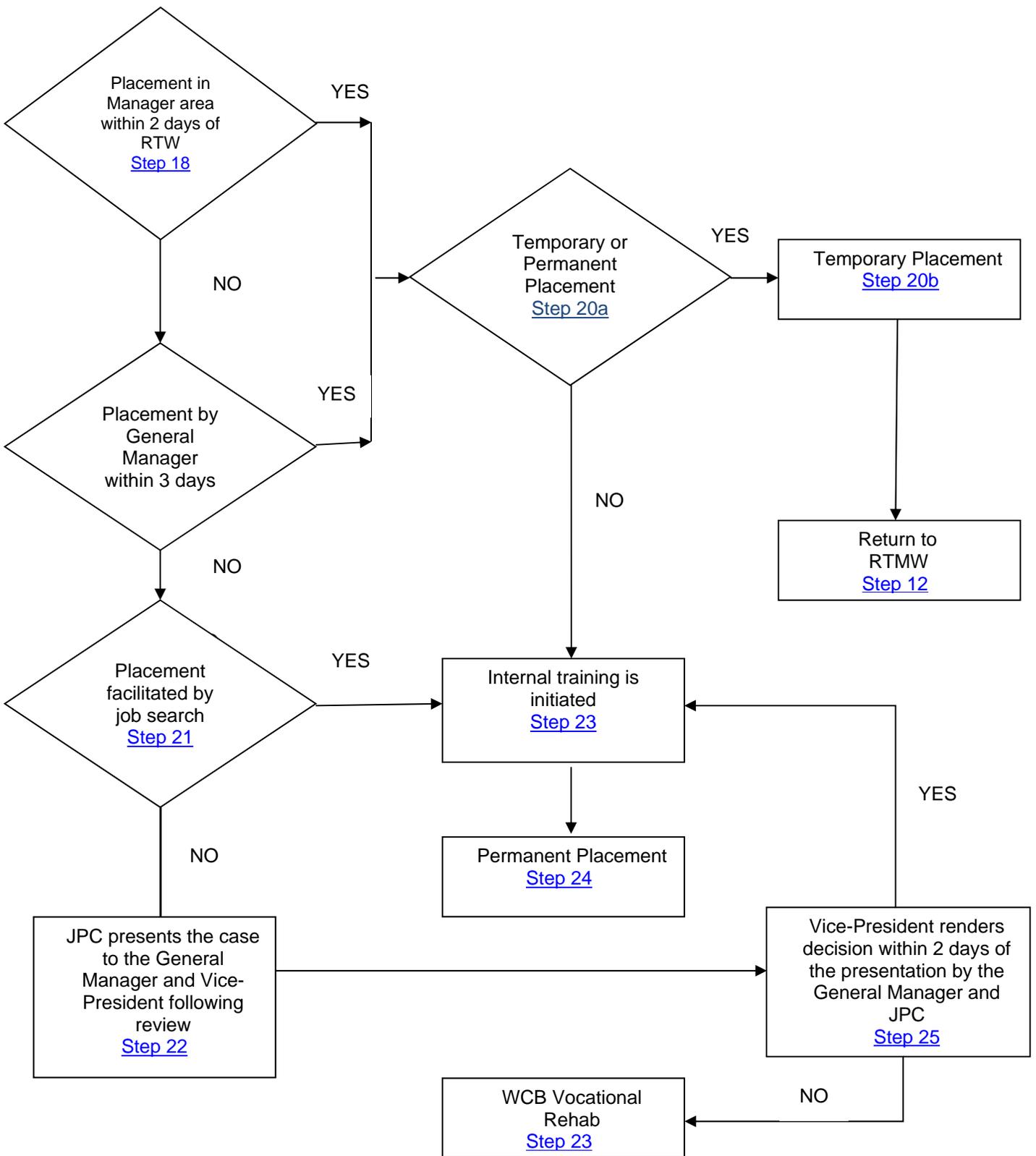


Manitoba Operations

Escalation Process



Escalation Process Flow Chart



Step 18: Placement in Manager area within 2 days of RTW?

Purpose: Attempt to place the returning employee at his home plant, ideally in his/her normal work area

Context: Steps 1-13 have been completed as per RTW process flow chart. Immediate supervisor is unable to accommodate

Participant	Task	Timeframe	Reference	Metric
Superintendent, Manager	Seeks modified work for employee in his/her area and if unsuccessful seeks accommodation in other areas within home plant.	Within two (2) days of RTW	Escalation Protocol	
Superintendent /Rehab Coordinator	Rehab Coordinator contacts Superintendent to confirm if accommodation is possible or not	At end of two day mark of RTW or first working business day	Escalation Protocol	
Rehab Coordinator	Rehab Coordinator establishes if accommodation is possible or not for occupational related disease or injury.	After information from Superintendent obtained	Escalation Protocol	
Manager, Rehab Coordinator	If accommodation not feasible, Rehab Coordinator immediately escalates search to the General Manager.	Same day	Escalation protocol	

Step 19: Placement by General Manager within 3 days of RTW?

(See Contact List)

Purpose: Attempt to place the returning employee in the employee's Managerial area

Context: Manager is unable to accommodate in employee's home plant.

Participant	Task	Timeframe	Reference	Metric
General Manager	Seeks modified work within employees' area and if unsuccessful seeks accommodation in General Managers' area of responsibility.	Within (3) days	RTW Policy	
General Manager/Rehab Coordinator	Rehab Coordinator contacts General Manager to confirm if accommodation is possible or not	At end of (3) day period		
Rehab Coordinator	If accommodation not feasible, immediately escalates to Divisional Job Search.	Immediately upon confirmation of inability to place		
Rehab Coordinator	Rehab Coordinator communicates to if accommodation is possible or not for occupational related disease or injury	Same day		

Step 20: a) Seek temporary placement while awaiting determination

– temporary or permanent placement required?

b) Temporary placement

Purpose: The employee has been accommodated in a temporary placement with temporary or permanent precautions.

Context: A) This step is to provide time for assessment to determine whether this is a case of permanent restrictions requiring permanent placement or, if it is a case of temporary restrictions requiring temporary placement.
B) As temporary precautions change the employee is returned to Seek Temporary Restrictions or Return to Work Flow Chart, Step 10.

Participant	Task	Timeframe	Reference	Metric
NCM	Continue to monitor the employee's progress in relation to recovery/ rehabilitation.	Every two (2) weeks	Snapshot	
NCM	Communicates employee status.	Every two (2) weeks	Snapshot	
Manager/Superintendent or Supervisor	Monitors the employee's progress and assesses the need to change duties or move into RTW Process.	Monthly		
NCM	Follow-up with primary care provider to determine if temporary precautions have become permanent precautions.	Three (3) months from time of last FAF		
NCM	Communicates employee status.	Every two (2) weeks	Snapshot	
Rehab Coordinator	If permanent restrictions, reviews status of employee after 3 months with the objective of moving the employee to permanent placement.	Three (3) months		Rehab Coordinator Stats
Rehab Coordinator	Reports employee progress back to JPC	As needed		

Step 21: Placement facilitated by Divisional Job Search within 5 business days of request?

Purpose: Attempt to place the returning employee within the division.

Context: The General Manager is unable to accommodate within his/her area of responsibility

Participant	Task	Timeframe	Reference	Metric
Rehab Coordinator	Informs JPC and NCM that accommodation is not possible in General Manager's area of responsibility and Divisional Job search has been initiated. NCM contacted to supply additional information if available	Immediately		
Rehab Coordinator	Results of Divisional Job Search are communicated back to home department General Manager, Superintendent, Manager, NCM, and JPC.	Within five (5) business days of request		
Rehab Coordinator	If unable to place, employee recuperates at home. Conditions are expected to change and are not deemed permanent. Process is re-initiated from OW box in RTW process flow chart RTW Process Flow Chart	Immediately		
Rehab Coordinator	If accommodation not feasible and the precautions are permanent, prepares recommendations for action with input from Claims, HR, Workplace, WCB, Union, and Benefits	Within five (5) business days after the Job Search results	Escalation Protocol	

Step 22: Joint Placement Committee reviews the case and makes recommendations to the General Manager.

Purpose: To ensure all placement avenues have been exhausted

Context: JPC is providing last attempt at recommendations to assist the General Manager in preparing an action plan without consideration of vocational training.

Participant	Task	Timeframe	Reference	Metric
Rehab Coordinator	Calls JPC meeting and presents findings.	Within five (5) business days following Job Search result		
JPC	Makes recommendations to General Manager after consideration of input from all pertinent sources such as HR, IR, Claims, WCBA, WCB, Occ. Med., union	Within ten (10) business days following Job Search results	Escalation Protocol	
General Manager	Makes decision to accommodate or unable to accommodate.	Within three (3) business days of receiving recommendation.		
Rehab Coordinator	Follows up with General Manager on decision and direction.	Within three (3) business days of receiving recommendation.		

Step 23: New vocation training is initiated

Purpose: To explore opportunities for internal training or external vocational rehabilitation

Context: Prepare vocational rehab training package for the Vice-President's review.

Participant	Task	Timeframe	Reference	Metric
HR	Provide timely information to the WCBA	Within Ten (10) business days of General Manager's Step 23 decision	Escalation Protocol	
Benefits	Provide timely information to the WCBA	Within Ten (10) business days of General Manager's Step 23 decision	Escalation Protocol	
WCB Case Manager	Provide timely information to the WCBA to facilitate recommendations in the case	Within Twenty (20) business days of General Manager's Step 23 decision	Escalation Protocol	
WCBA / Rehab Coordinator	Prepares Rehab Package for General Manager's decision to take on training in house or externally.	Within Twenty five (25) business days of General Manager's Step 23 decision	Escalation Protocol	
General Manager	Makes decision as to whether to take on training in house or externally.	Within five (5) business days after receiving Rehab Package		
WCBA / Rehab Coordinator	Contacts General Manager to confirm decision and what direction is being taken.	Within five (5) business days after receiving Rehab Package		

Step 24: Seek Permanent Placement

Purpose: To find a permanent placement for employees in temporary positions as per Clause 15.25 of the CBA

Participant	Task	Timeframe	Reference	Metric
Manager	Responsible for information to be sent to rehab coordinator the available job posting for their area	As they become available		
Rehab Coordinator	Review available jobs for matches to employee's precautions	As required		
Rehab Coordinator	Communicates with Manager the possibility of placing employee into bid position as per Clause 15.25 *	Immediately upon receipt		Rehab Coordinator Stats
Manager, Rehab Coordinator	Advise employee and union representative of permanent position availability			Rehab Coordinator Stats
Manager	Awards position to employee and advises Superintendent of area	As per posting protocol		Bid Documentation
WCBA / Rehab Coordinator	Advises WCB, JPC, NCM and all appropriate parties of assigned permanent position.			

* See appendix for Article 15.25 of the current Collective Bargaining Agreement (2014).

Step 25: General Manager initiates Case Review with Vice-President

Purpose: Keep the Vice-President informed.

Context: General Manager informs the Vice-President so the business implications are understood.

Participant	Task	Timeframe	Reference	Metric
General Manager	Presents case to the Vice-President	Within thirty (30) days after RTW	Escalation Protocol	
General Manager	Initiates the option, informs Rehab Coordinator / WCBA of decision	Within two (2) days of Vice-President's decision		
Rehab Coordinator	Contacts stakeholders and initiates plan.			



Manitoba Operations



Appendices

Collective Bargaining Agreement Articles

15.11 *The Company will endeavor, subject to the requirements of operations, to find employment in the employee's home department (or failing the home department, another department) which is suitable (in the opinion of a duly qualified medical practitioner) to any employee who has been incapacitated by an occupational or non-occupational condition and is therefore unable to perform his/her regular work. In the event such employment is not available, the Company may provide training opportunity for a permanently incapacitated employee where he can be qualified for a vacancy in a reasonable period of time. In assigning any such employee to any such employment the Company may disregard the seniority provisions of this Agreement except that such incapacitated employee shall not be assigned to take over a job occupied at the time by another employee.*

Appointment to vacancies under this process will be posted as is the practice with other appointments as required by Clause 15.11 of the Collective Bargaining Agreement.

All individuals responsible for the posting of jobs will provide the Rehab Supervisor a copy of all Notices of Vacancy at the time they are posted.

A trial period of up to 40 work days may be used to assess the suitability of the vacant position for permanent placement of an individual.

8.07 *Where an employee who is permanently assigned (for any reason other than wilful failure to fill the normal requirements of the job) to work in an occupational classification carrying a lower rate of pay than his regular occupational classification, he shall for three (3) months be paid for the work he performs at the rate applicable to his regular occupational classification. During the above three (3) month period:*

- (a) he may be required by the Company to accept any training in any occupational classification which is offered to him,*
- (b) he shall be reassigned, subject to Clause 15.27 and subject to the wishes of employee, to his regular occupational classification in the event of a vacancy, and*
- (c) he shall be deemed to be an applicant for any job vacancy which is posted in his department.*

If he refuses to accept such training, or to accept any reassignment or to accept any job offered to him by the Company, he shall forthwith cease to be entitled to the benefits of this Clause 8.07. Where an employee is reassigned under sub-clause (b) of this Clause 8.07 the provisions of Article 15 with respect to job posting shall not apply to the vacancy to which he is reassigned. Notwithstanding the foregoing an employee will not be paid for work performed during a shift or day at a rate less than that applicable to the occupational category in which he commences work on such shift or day.

An employee with permanent medical restrictions who is assigned to a classification under this program will be paid the rate applicable to the work performed and will be afforded rate protection in compliance with Clause 8.07 of the Collective Bargaining Agreement.

Wages for a partially disabled employee will be paid by the employee's department until the Departmental Job Search has been completed.

The department for which the work is performed will be responsible for the wages of the long term temporarily disabled employee.

When permanent placement takes place the employee will be transferred to the department in which the placement occurs and paid by such department.

If the Departmental Job Search is unsuccessful the employee will be transferred to Department 99 and paid from a separate account. This includes wages paid during a "trial" period, as defined in 1.9.

Department 99 will be responsible for a separate accounting of wages for partially disabled employees.

Department 99 will be responsible to ensure that the employee is paid in accordance with the Collective Bargaining Agreement.

28.12

A Joint Placement Committee will be established for the purpose of making recommendations on new and alternate placement of temporarily (which for the purpose of this Clause 28.12 shall not be less than twenty (20) work days) or permanently incapacitated employees in accordance with Clause 15.25.

The Placement Committee will consist of one (1) employee to be chosen by the Union, one individual from Occupational Medicine, and one (1) person chosen by the Company. The Placement Committee will meet as mutually agreed but not less than monthly. The Placement Committee may request the attendance at the meetings of an individual who has special knowledge of subjects under discussion. The Placement Committee will provide information on their activities and any issues arising from the application of the Company's Return to Work policy to the Divisional SPI Steering Committee

The provisions of Clause 19.04 with respect to payment for time lost shall apply to the member of the Placement Committee.

Joint Placement Committee

The Joint Placement Committee will be as outlined in the Collective Bargaining Agreement. (28.12)

The Joint Placement Committee will meet as mutually agreed but not less than monthly to discuss cases.

The Joint Placement Committee will meet with both the employee as well as Department Heads, (where necessary) in an attempt to facilitate return to work programs for employees who require graduated return to work schedules, or those who need modified work for extended periods of time.

The Joint Placement Committee will make recommendations on new or alternate placement of permanently incapacitated employees in accordance with Clause 15.25 of the Collective Bargaining Agreement.

The Joint Placement Committee will conduct workplace assessments, along with the employee, department designates, and medical professionals.

15.25 *The Company will endeavor, subject to the requirements of operations, to find employment in the employee's home department (or failing the home department, another department) which is suitable (in the opinion of a duly qualified medical practitioner) to any employee who has been incapacitated by an occupational or non-occupational condition and is therefore unable to perform his/her regular work. In the event such employment is not available, the Company may provide training opportunity for a permanently incapacitated employee where he can be qualified for a vacancy in a reasonable period of time. In assigning any such employee to any such employment the Company may disregard the seniority provisions of this Agreement except that such incapacitated employee shall not be assigned to take over a job occupied at the time by another employee.*

Any permanent position resulting from work modification or job combination will be reviewed under the CWS provisions of the Collective Bargaining Agreement. Such position may be eliminated when it becomes vacant.

Placement in any particular job under this process will not limit the right of the disabled employee to bid for other vacancies or training bids which fall within the capabilities defined by his/her doctor.

Disabled employees may be transferred into vacant positions which are within their medical capabilities, in accordance with Clause 15.25 of the Collective Bargaining Agreement.

Disability by reason of age, illness or accident will in no way limit the rights of the employee as defined by the Collective Bargaining Agreement.

Employees with permanent medical restrictions are responsible to advise the appropriate personnel of any changes in their capabilities.

15.27 *Placement of an incapacitated employee shall be done by following the Company's Return to Work process as amended from time to time. All placements shall be done in accordance to with Clause 28.12.*

CONTACT LIST



AREA	MANAGER	Dept. Contact	PHONE #
Human Resources / Safety Health and Environment	Kirk Regular		778-2729
Human Resources		Cristina Viera	778-2413
Environment		Dave McDonald	778/2724
Health		Sarah Paterson	778-2115
SafeProduction		Ed Hartigan	778-2432
WCB Administrator / Rehab Coordinator		Rodney Frost	778-2230
Refinery	Peter Jebbink		778-2557
Smelter	Brent Merkley		778-2596
Shops/Utilities/Transportation	Murray McDonald		778-2126
Mill	Joe Armstrong		778-2055
Birchtree	Al Proulx		778-2661
T1	Rob van Drunen		778-2425
T3	Dean Shier		778-2527
Engineering	Anuj Agarwal		778-2026

AREA	Vice-President	GENERAL MANAGER	PHONE #
Manitoba Operations	Lovro Paulic		778-2336
Surface Operations		Don Wood	778-2225
Mine/Mill		Mark Scott	778/2502



AREA	CONTACT PERSON	PHONE #
JPC Coordinator	Sheila Thompson	677-1706
Divisional Safety, Health and Environment Co-Chair	Perry Oxford	677-1705
President	Les Ellsworth	677-1704



AREA	CONTACT PERSON	PHONE #
Senior Program Manager	Susan Crawford	677-7351
T3 Mine / BT Mine	Dee Hatley	677-7835
Smelter, Refinery, Shops, Transportation & Utilities	Amanda De'Amicis	677-7832
T1 Mine / All other surface facilities	Karen Cockerill	677-7833
On Site Nurse Clinician	Susan Crawford	778-2167
OMD Nurse Clinician	Joanne Klatt	778-2257
Medical Clinic Program Manager	Allyson McKie	677-7355

PROJECT TEAM

CONTACT PERSON	AREA	PHONE #
Kirk Regular	Vale	778-2729
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Sheila Thompson	USW Local Union 6166	677-1706
Susan Crawford	Horizon	778-2167