



Disability Management Program

Procedure No.: ADM-3	Council Resolution No.: N/A
Department: Administration	Authority: CAO
Effective Date: November 13, 2012	Revision Date: November 12, 2019
Review Date: November 2022	Repealed Date:
Supersedes: N/A	
Related Policy No.: ADM-3	
Related Policy Name: Disability Management Policy	

Purpose

The Town of Taber recognizes that its employees are a valuable resource to the organization, and is committed to doing everything possible to work with the employees to achieve a successful recovery and return to work. The Disability Management Program addresses both the human and financial impact of workplace injuries.

Operating Guidelines

The Town's Disability Management Program has been developed to include five key elements. They are:

- 1) Management Participation and Leadership
- 2) Injury Response, Recording, Reporting and Investigation
- 3) Case Coordination
- 4) Modified Work
- 5) Program Administration



1) Management Participation and Leadership

Senior management's participation and leadership has allowed for a disability management program to be established and effectively put into place. The Town's management staff continues to direct the municipalities' overall efforts in managing claims and promoting organization-wide support for the program.

a. Objectives

Setting specific objectives for the disability management program has helped to define the purpose of the program, provide ongoing direction, and formed the basis for measuring the program's success.

Annually, the management team will review the current objectives, measure the outcome and establish new initiatives and action plans.

The Human Resources Manager shall ensure participation from the management team to support the administration of the disability management program.

Key aspects of the Disability Management Program include the following:

- Injury response;
- Injury Recording;
- Injury Reporting;
- Injury Investigation;
- Case Coordination; and
- Modified work.

b. Roles & Responsibilities

i. Management

Management is responsible for actively promoting and overseeing the disability management program in order to ensure organization – wide awareness and support.

Program promotion includes announcing objectives and sharing successes.

Some of the benefits of the worker include:

- Continuity of earnings,
- An early and safe return to employment
- Ongoing vacation and sick accrual
- Maintenance of the social benefits of the workplace

Some of the benefits to the employer include:

- Reduced WCB premiums
- Reduced time loss from work,
- Reduced training costs

Other methods to promote the program will include new hire orientation, staff meetings, newsletters and bulletin board postings.



- ii. **Human Resources**
Human Resources is responsible for developing, implementing, maintaining, and managing all policies and procedures of the Disability Management Program.
- iii. **Employees**
The Town's Disability Management Program has specific roles and responsibilities that need to be administered, managed and adhered to. Therefore, all new employees will be made aware of the program during their orientation to the Town. Persons promoted internally, into positions with new and/or changing responsibilities, will be further educated in the days immediately following the promotion, if applicable.

2) Injury/Illness Response, Recording, Reporting and Investigation

Injury Response is intended to ensure that immediate and appropriate action occurs for the severity of an employee injury/illness while adhering to First Aid Regulations under the Occupational Health and Safety Act and Section 87 of the Workers Compensation Act.

First Aid training opportunities are provided to all Town of Taber employees on a regular basis. The training is conducted by accredited instructors and all costs are incurred by the Town.

a. Injury/Illness Response

The Town of Taber has a Safe Work Practice in place for Transportation of Ill/Injured workers that states:

In the event of an injured/ill worker, any employee will initiate 911 in the event there is a problem in the following areas:

1. Level of Consciousness
2. Airway
3. Breathing
4. Circulation
5. Any injury/illness that is beyond the training of a First Aider.

Transportation of an injured/ill worker that does not meet the above criteria shall be at the discretion of the First Aider/Supervisor.



In the event where an employee must/can transport an injured co-worker, there must be a third co-worker in the vehicle. This is so the third co-worker can access and tend to the injured worker while on route to a medical facility.

b. Recording/Reporting

During their Safety Orientation all employees receive training regarding recording and reporting incidents. These are recorded for the purpose of complying with the Alberta Occupational Health and Safety Code, Part 11, Section 183. A current Safe Work Practice for Incident Reporting exists that discusses recording and reporting incidents that result in:

- Injury/illness or disease
- Damaged tools, equipment or machinery
- Damaged materials or property
- Or could have resulted in one of these effects

This applies for all including Near Misses or situations where no first aid is provided or time lost.

Injury/illness must be reported to the Supervisor or designate immediately and the Incident Report and supporting documentation must be submitted to that same individual within 24 hours of occurrence.

Upon review and investigation by the Supervisor, reports are then sent to the Department Health and Safety Committee or Health & Safety Representative and ultimately to the Joint Health & Safety Committee for review and recommendations. Recommendations will be forwarded to the Supervisor involved for consideration and follow-up. Then reports will be filed in Human Resources. All reports will be kept for a minimum of five years from the date on which the injury/illness occurred.

Human Resources and Health & Safety Coordinator will ensure that access to Incident Reports is limited to the worker and appropriate management personnel following an investigation unless the information is allowed to be released under FOIP. Such privacy and access to information laws may authorize or require the disclosure of such information.

General information regarding an incident that does not contain any specific details can be distributed to workers and worksites to increase safety awareness.

All workers are encouraged and expected to report all incidents to their immediate supervisor.

Human Resources is responsible for ensuring Workers Compensation Board reporting and any recording requirements. This includes the initial reporting and any return to work notifications and follow up with the worker.



c. Reporting to Workers Compensation Board

Injuries/illness beyond first aid treatment will be reported to the WCB within 72 hours after acquiring knowledge of the incident or allegation of the incident. Reportable claims include the following:

- i. Injuries which cause the employee to be off work beyond the day of injury;
- ii. Injuries requiring modified work beyond the day of injury;
- iii. Injuries which may result in a permanent disability (amputations, hearing loss, etc) or death;
- iv. A disabling or potentially disabling disease or condition caused by occupational exposure or activity (such as poisoning, infection, respiratory disease, dermatitis, etc);
- v. Injuries requiring medical treatment, such as physiotherapy, chiropractic treatment, x- rays, prescription medication, etc;
- vi. Incidents resulting in the need for dental treatment, eyeglass repair or replacement, damage or breakage of an artificial limb, etc.

In addition to the above responsibilities, the Town of Taber will ensure that the injured worker has access to review the Incident Report and that Human Resources will contact WCB, within twenty four (24) hours, of an injured worker returning to work following a recordable injury/illness.

d. Workers Compensation Board Legislation

- i. Late Reporting – may result in an administrative penalty of up to \$25,000 as per Section 152.1 of the Workers Compensation Act.
- ii. Agreements to waive benefits – as per Section 140 of the Workers Compensation Act: no person shall enter into an agreement to waive or forego any of the benefits to which a worker or a workers dependant are or might become entitled to under the Act. Every such agreement is void.
- iii. Date of Accident Compensation
 - If an incident disables a worker for all or part of the day of the incident, the Town of Taber must pay compensation to the worker for that day in the amount equal to the minimum normal net wage the worker would have received had they not been disabled and been available for work.



- The WCB is not responsible for providing compensation to the worker, other than medical aid, for that day.
- An employer may refuse to make payment for the date of the incident until the worker provides a report from a physician of the workers choice stating that the injury resulting from the incident was the cause of the consequent absence of the worker from work.
- Employers are not to deduct sick pay entitlement or otherwise reduce the usual benefits to which the worker is entitled by the reason of the employer having to make a payment for the date of the incident.
- Legislation specific to this compensation is located in Section 25 of the Workers Compensation Act.

e. Responsibilities When an Incident Occurs

As per the WCB Fact Sheet for Employers:

i. Employer Responsibilities

To ensure an injured workers claim is handled effectively and to comply with the Workers Compensation Act employers must:

a) Record any reported workplace injury or illness and provide a copy of that record to the worker. Details that must be recorded include:

- The name of the worker;
- The date and time of the injury or illness;
- The date and time it was reported to the employer;
- A description of the injury or illness, where it occurred and the cause;
- The first aid provided; and
- The name and qualifications of the person giving first aid.

b) Immediately report fatalities and serious injuries (as defined in the Occupational Health and Safety Act) to Workplace Health and Safety.

c) Complete and submit an Employers Report of Injury or Occupational Disease form (C040) to the WCB within 72 hours if the incident results in or is likely to result in:

- Lost time or the need to temporarily or permanently modify work, beyond the date of incident,
- Death or permanent disability (such as amputation, hearing loss, etc),
- A disabling or potentially disabling disease or condition caused by occupational exposure or activity (poisoning, infection, respiratory disease, dermatitis, infectious disease – Norwalk/Influenza, etc)



Note: If, as a result of contracting an infectious disease, the worker is forced by the terms of The Public Health Act to lose time from work, the time loss is compensable, whether or not the worker is disabled.

- The need for medical treatment beyond first aid (such as assessment by a physician, physiotherapy, chiropractic, etc), or
- The worker incurring medical aid expenses (such as dental treatment, eyeglass repair or replacement, prescription medications, etc)

d) Failure to report injuries within 72 hours may result in financial penalty.

e) Provide for and pay for the cost of immediate transportation from the injury site to a medical treatment facility appropriate for the treatment of the injured workers condition.

f) Pay the injured workers full regular wages for the day the injury occurred. If disablement goes beyond the accident day, compensation payments start the first regular working day afterward. Cheques are issued every two weeks. If you continue to pay the worker full wages during the period of disablement, compensation otherwise payable to your worker will be paid to you.

g) Work with the WCB and health care providers in developing an effective Return to Work Program for the injured worker.

h) Notify the WCB within 24 hours of the injured workers return to work.

ii. **Injured Workers Responsibilities**

To ensure the WCB claim is handled effectively, injured workers must:

- a) Submit a Workers Report of Injury or Occupational Disease form (C060) to the WCB.
- b) Keep the employer informed weekly of their progress to help plan for their return to work.
- c) Maintain ongoing communication with the WCB.
- d) Follow the advice of health care providers and ensure that scheduled appointments are kept in order to recover as quickly as possible.

iii. **Health Care Provider Responsibilities**

To ensure an injured workers claim is handled effectively, health care providers must:

- a) Send their reports to the WCB within two working days of treatment.



- b) Provide regular progress reports to the WCB and develop successful treatment plans for the injured worker.

iv. **WCB Responsibilities**

To ensure the injured workers claim is managed effectively, the WCB will:

- a) Provide effective compensation and rehabilitation services to minimize the impact of work related injuries on workers and employees.
- b) Work with the employer, worker and health care providers to develop an effective return to work plan.
- c) Work proactively with its partners to promote injury prevention.
- d) Act as first payer in compensating workers for work related injuries.
- e) Maintain sound financial and administrative management.

f. **Investigations**

From a safety perspective the primary purpose of conducting investigations is to identify causes of incidents in order to prevent recurrence. From a Disability Management perspective, the purpose is to gather enough information in order to determine whether the injury arose out of and occurred in the course of employment.

- i. The Town of Taber requires all incidents to be investigated within 24 hours. The investigation is to be completed by the Supervisor and may be in conjunction with representatives from the Department Health and Safety Committee or Health & Safety Representative. Should circumstances prevent a thorough investigation from occurring within the 24 hour timeframe the process should be started and as much information gathered as is possible.
- ii. All completed investigations shall be subject to review by the Director of the Department as well as the Joint Health and Safety Committee. Reports that meet expectation will then be filed in Human Resources. In the event that further clarification is required or the report is deemed incomplete it will be returned to the Supervisor for additional information or clarification. The quality of the Investigation report should remain consistent.
- iii. Incident Investigations may be shared with WCB in order to assist WCB in the entitlement decision and the management of the claim.
- iv. Investigation reports will be kept on file in accordance with the Town's retention policy



FLOW CHART FOR INJURY/ILLNESS RESPONSE, REPORTING, AND INVESTIGATION

Incident Report
Must be filled out by the employee and reviewed by Immediate Supervisor for all injuries/accidents

1. 1. Keep copy in your files. 2. Immediate Supervisor to initiate investigation. 3. Send copies to DHSC, JHSC, or DHSR
Immediate supervisor makes decision on whether the Injury/Illness is a WCB claim.

Stays as Incident Report only if the injury does **not require any time, lost, modified work/hours or medical treatment**

Do WCB report when there is:

1. **time lost from work**
2. **any medical treatment** (This includes chiropractic, physio, drugs, eyeglass or dental) is paid by the **worker** and then reimbursed by WCB. The original receipt needs to be submitted to WCB, not to the Town of Taber.
3. **An injury with the potential to create a lost time/modified duty situation**

You have 24 hours to report the injury/illness to HR Manager
The 24 hours is from the time the immediate Supervisor is notified to the time HR receives the claim. This allows 48 hours for Human Resources to finish the process and send to WCB (WCB's mandate is 72 hours)

Human Resources to initiate the following steps:

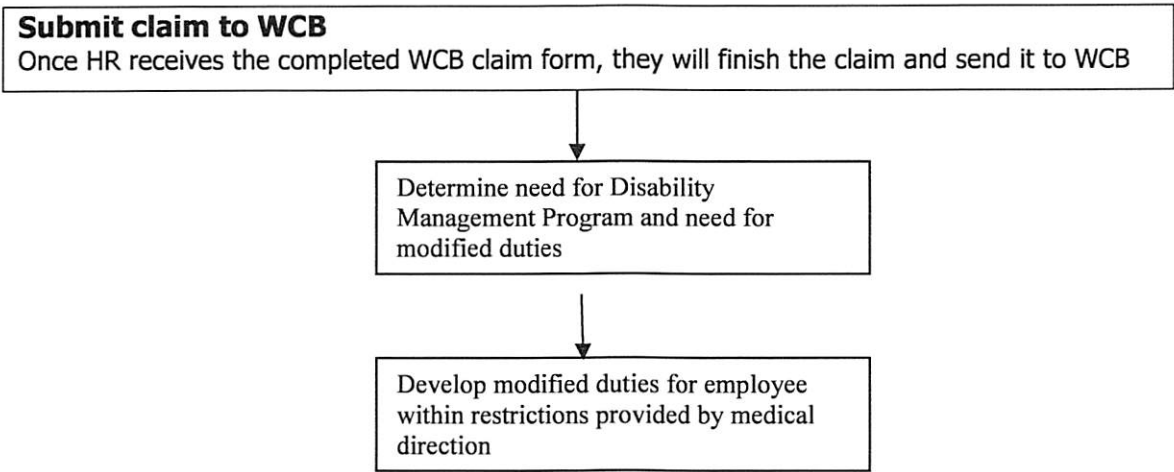
Worker's Report
It is the worker's responsibility to fill out this form and to submit it to HR. This is provided as part of the information package

Employer's Report
This report must be filled out by HR within 24 hours of the injury. There are two options for filling out this form (electronic or paper)

Manual Report
HR office has WCB claim forms that can be filled out. The employer's form is filled out and submitted by HR Manager.

Electronic Report
Electronic reports are available online at (www.wcb.ab.ca) Fill out as much as you can (please be thorough), print it and submit to HR (Do not submit to WCB).





3) CASE COORDINATION

The Town of Taber recognizes that employers must play an active role in the disability management process to ensure that claims are effectively managed. The Town has designated the duty of coordinating its medical management efforts, with the WCB Case Managers and any health care providers, to the Town's Human Resource Department.

The Town of Taber is committed to ensuring that all injury/illness claims are effectively managed in order to promote an early and safe return-to-work. This initiative will be managed and maintained through regular communication with the injured worker, health care providers and the WCB.

Although the primary administrative functions will be addressed by Human Resources, the injured worker's supervisor will also play an active and important role in the disability management process. The supervisor will help to monitor the progress of any employee returning to regular or modified duties following an injury or illness and will routinely follow-up with the worker to ensure that the worker is complying with any restrictions and or limitations that have been assigned.

a. Key Document for Case Coordination Physical Demands Analysis (PDAs)

- i. A Physical Demands Analysis is an objective measurement of the essential physical demands associated with a specific job. The PDA focuses on measurable information including specific weights, the percentage of time spent on each activity, and the length of the workday. Four important components of the analysis include:
 1. Mobility – standing, sitting, crawling, climbing, etc.
 2. Strength – lifting, working above or below shoulder height, pushing, pulling, etc.
 3. Sensory/Mental – vision, hearing, reading, writing, talking, etc.
 4. Environment – work surfaces, indoors, outdoors, cold, hot, noise, etc.
- ii. Within a Disability Management Program, the Physical Demands Analysis are used to:
 - a) Examine an employee's current job to ensure they can carry out the various tasks safely and effectively;
 - b) Determine whether a new job – to which an injured employee might be transferred for accommodation – is appropriate;



- c) Provide information about physical job requirements for the employee's treatment providers;
 - d) Provide relevant information when modifying jobs, thereby ensuring an appropriate match with the abilities of the employee; and
 - e) Develop an inventory of job tasks for use when implementing individual return-to-work plans.
- iii. PDAs should be completed for all jobs with a higher frequency or risk of injury and modified work positions. When the jobs are being analyzed, worker input should be considered, as they are the ones most familiar with the positions.

b. Case Management Information Package

An information package provides both direction and information to the injured employee and health care professional. The intent behind the package is two-fold. It serves to lessen the injured worker's concerns as they relate to medical case management and it will also assist the employer to maintain control of an active claim.

The package used by the Town of Taber is made up of the following documents:

- 1) Letter to the employee outlining:
 - a) The organization's expectation of the injured employee;
 - b) What the employee can expect from the employer; and
 - c) Who the key contacts are for the employer.
- 2) Physical Demands Analysis, including brief job descriptions of:
 - a) The employees regular job; and
 - b) The modified duty job(s).
- 3) Letter to the physician stating:
 - a) The organization's goal and a request for the physicians assistance;
 - b) The organization's willingness to pay a fee for the requested assistance; and
 - c) The name and phone number of the organization's contact.



- 4) Physicians Release to Return to Work:
 - a) Information on the employee's fitness to perform regular job duties;
 - b) Information on the employee's fitness to perform modified duties; and
 - c) An estimated period of recovery.

c. Return to Work Procedures

i. Provide the Information Package

The worker will be provided with an information package, at the most reasonable opportunity after the report of an injury. He/she will be expected to take all applicable information to their health care provider to have it completed and then return the information to the case coordinator named in his/her letter.

ii. Create a File

A separate file will be created on the injured employee specific to the date of the accident or illness. All information in the file will be considered confidential and will be handled in that capacity. The file will include the following:

- a) A list of all the key contacts including the treating physician, the WCB case manager, and the employee's supervisor.
- b) All medical reports and information about the injury, including medical clearances;
- c) The written modified work offer;
- d) Related reports including the accident investigation report and the WCB reports; and
- e) Records of all correspondence, including notes of telephone conversations.

iii. Obtain Medical Information

All relevant medical information will be collected including the forms from the information package that was supplied to the employee by either his/her supervisor or the Town Case Coordinator. If these documents are not returned, the case coordinator will contact the treating physician or the WCB case manager to obtain information regarding the fitness to return-to- work and in what capacity.



iv. Determine the Fitness to Return to Work

Prior to any return-to-work, medical clearance must be provided. The medical report will be reviewed carefully and all directions related to medical conditions or limitations will be complied with.

If modified duties are required, the treating physician will provide this information on the WCB's Physicians report as well as the Town of Taber Health Care Practitioner Letter. In more complex cases, the case coordinator may request that WCB consider arranging an independent medical examination in order to obtain more information.

v. Return-to -Work Monitoring

When an employee returns to work, whether on regular duties or modified work, a re-orientation to the work place will be conducted by the employee's supervisor. The orientation will give instructions on how to avoid another injury, along with general instructions on work procedures. This process is meant to help the employee perform his/her job at the time of the accident or the transitional work in a safe and efficient manner and help the employee perform the job with confidence.

After the job placement is made, the supervisor and the case coordinator will follow-up with the employee to monitor the recovery progress and to ensure that there are not any problems. Any problems or concerns that may arise will be addressed immediately. Follow-up should be daily during the first week of the return-to-work and then gradually increased based on the projected recovery date. It is encouraged that all contact made with the employee during this time is documented.

vi. Communication

If an employee is off work beyond the day of injury, he/she is expected to contact a case coordinator for the Town of Taber at least once a week to provide an update relative to his/her general condition, current treatments, and the dates of all appointments.

Contact will be maintained with the WCB Case Manager to discuss the condition of the injured worker, what the treatment or rehabilitation plan is, the likely date of a return-to-work, and to identify any work restrictions.

In serious cases the employee's family will be contacted by the case coordinator.

The health care provider will be contacted on an as needed basis.

All claim related contacts will be recorded on the Case Coordinators Notes sheet.



RETURN TO WORK FLOW CHART

Employee is fit for work (ffw)



Employee is fit for pre-accident job

Supervisor will attain medical clearance prior to authorizing a return to full duties and inform WCB within 24 hours.

Employee reoriented to job.

Progress will be monitored to ensure a safe return to work.

Employee is fit for modified work (fmw)



Employee is fit for modified duties

Offer of Modified Work is presented and reviewed with employee. The offer should include:

Specific job duties and physical demands

Same rate of pay

Hours of employment

Length of placement

Name of supervisor and contact information

Supervisor will fax this form to WCB Case Manager once completed.

Employee will be oriented to modified duties

Refusal of Offer: Supervisor will record reasons and employee's specific concerns if suitable Modified Work is refused. Supervisor will notify Manager and WCB Case Manager.



Monitor return to work

Supervisor will monitor employee's progress with return to work. Any concerns will be addressed immediately.

Not able to return to work

Employee and supervisor to keep in touch with WCB.



4) Modified Work

Introduction

Modified work programs assist in the rehabilitation and the early return-to-work of the injured employee, while enabling employers to reduce the cost of the injury and illness.

a. Types of Modified Work

Modified work may consist of the following:

- i. **Modifying an existing job** - an employee's existing job is changed to either reduce or remove those parts of the job that the employee is currently unable to do because of the injury. (Example: Remove any heavy lifting or repetitive movements.)
- ii. **Provide alternate duties** - an employee is given duties that are different from their usual employment, including tasks that are outside of the organization's day-to-day operations. (Example: a carpenter may be given some drafting work, computer operations, or other temporary assignments.)
- iii. **Provide transitional work** - an employee performs regular job duties; however, less time is spent doing these duties. (Example: The employees may only work two hours per day for the first week after the accident, and then four hours for the next week, and finally back to their full hours after three weeks.)
- iv. **Providing a training opportunity** - the injured employee is sent for training. (Example A WHMIS course enhances job skills, thus increasing the employee's value to the company.)
- v. **All or any combination of the above** - a modified work placement can involve a combining of a number of changes to regular employment.

The Town of Taber sponsors a modified work program that is designed to assist injured or ill employees in returning to meaningful work while they recover and rehabilitate. We are pleased to be able to offer this program; we believe in sharing the responsibility for the health and well-being of all of our employees.

We recognize that an injury, not only affects the worker in the workplace, but can also have an impact on the family, social life, finances, and future goals. We believe in a strategy of getting involved when injury or illness affects one's ability to work and in helping to get support and professional services as soon as possible to help in the recovery process. We will work with the injured employee as a team, to identify how best to help him/her recover from the injury or illness and return to meaningful employment. To this end, we can work together to design a plan for recovery that is specific to the employee's needs.



We will make every reasonable effort to offer graduated and progressive return to work schedules when employees are unable to work full shifts. We can modify a job when the employee may not be able to do all aspects of it, or work to find an alternative position during recovery. We can be creative in developing what works in order to have the worker remain in the workplace.

Participation in this program is in everyone's benefit. Should you have the misfortune of experiencing an injury or illness that prevents you from performing your regular job, the Town of Taber is committed to helping you.

b. What is Suitable Modified Work?

For work to be considered suitable modified employment, the following conditions must be met.

The work:

- i. Accommodates the worker's compensable medical restrictions so the worker can perform the duties without endangering his/her recovery or safety, or the safety of others;
- ii. Contributes to the worker's physical and vocational rehabilitation by keeping the worker active and involved in the workplace;
- iii. Promotes the gradual restoration to the worker's pre-accident level of employment;
- iv. Must be a meaningful and productive part of the employer's operations; and
- v. Does not create financial hardship for the worker. (For example: Shift changes that require additional child care costs, unreasonable travel to another location, etc.)

c. Modified Work Procedures

- i. **Assigning Modified Duties**

Because medical approval is needed in order to make a modified work placement, the health care provider will be presented with a physical demands analysis (PDA) and a brief job description. If a PDA has not been completed, or the work described on the supplied documentation is not suitable, the organization must then assign a job based on a medical assessment form, or on a letter from the health care provider. In either case, the restrictions and/or what the employee is capable of performing must be outlined.
- iii. **Monitor Return-to-Work**

Once placed on modified work, the supervisor and the case coordinator will monitor the progress of the employee. All concerns will be addressed immediately.



iv. **Return to Regular Duties**

When medical clearance for return to regular duties is received, the WCB will be advised. The supervisor and case coordinator will continue to monitor the employee's return to regular duties until each are confident that a full recovery has been made.

v. **Rate of Pay**

In the event that the employee is brought back to work at a reduced rate of pay, the WCB must be made aware of this fact. In situations such as this, the WCB would then supplement the employee's wage up to their compensation rate with the cost being charged to the employer's account.

It is recommended and encouraged that the employees be paid at their regular earnings to avoid the confusion and possibility of payment errors.

vi. **Refusal of Modified Work**

If the employee refuses to accept the modified work that is available, the reason for refusal will be documented and the WCB adjudicator or Case Manager will be contacted to discuss the matter. If the WCB considers the offer to be reasonable, the compensation benefits will be adjusted accordingly.

5) Program Administration

It is important that the disability management program is measured and evaluated on an ongoing basis to ensure its effectiveness. Through this process, any potential problems or opportunities can be identified and corrected so as to not have a negative impact on the organization's goals and objectives.

If key staff consistently applies policies and procedures, this will better lead to the success of the program. As well, if those who manage the program are knowledgeable in the area of the WCB programs and policies, such as review/appeals process and cost relief, and how they impact claim costs, the success of the disability management program will be further enhanced. Management should also gain an understanding and appreciation of how WCB insurance is priced.

Freedom of Information and Protection of Privacy Act

The Workers' Compensation Board (WCB) is subject to the Freedom of Information and Protection of Privacy (FOIP) Act. FOIP aims to balance the public's right to know and the individual's right to privacy, as these rights relate to information held by public bodies in Alberta.

Under FOIP legislation, the WCB is required to protect the privacy of the personal information of both workers and employers. This means that although the employer has the right to access its injured worker's claim file for an issue that is under review or appeal,



the WCB is also obligated to protect their privacy. In this case, the WCB will provide the employer with only that information relevant to the case, not necessarily the entire file.

Recognizing that the Town has obligations under the FOIP legislation, it too, handles personal information from WCB claim files in a manner that ensures privacy and confidentiality are protected and maintained both internally and externally.



CHIEF ADMINISTRATIVE OFFICER

Nov. 25/2019

DATE



Appendix "A"

A1 – Incident Report Form (Download most current version from intranet)

A2 – JHSC Investigation Form

A3 – Employee Letter Template

A4 – Physician Letter

A5 – Physician's Release to Return to Work Form

A6 – Physical Demands Analysis



Person in Charge: _____

Signature: _____

INCIDENT INVESTIGATION REPORT

Date of Incident: _____ **Time:** _____

Location: _____ **Name of Person in Charge:** _____

Name of Investigator(s): _____

Injuries – Persons Injured
Name: _____ **Date of Birth:** _____

Address: _____ **Phone:** _____

Description of injury: _____

First Aid given? Yes No **By Whom?** _____

Transported to medical Aid? Yes No **By Whom?** _____

Where to? _____ **Name of Doctor:** _____

Person(s) Involved / Witnesses

Name:	Address:	Phone:

Incident Reported by: _____ **Reported to:** _____

Date Reported: _____ **Time Reported:** _____

Conditions at time of incident (weather, status of job, housekeeping, etc.)



Description of incident (What was the job being done? What equipment, tools, materials, etc. were involved? What happened?) Attach a diagram if necessary.

**What were the causes of the incident?
Immediate? (Unsafe Practices / Conditions)**

Underlying? (Personal / Work Environment Factors)

**Recommended action(s) to prevent recurrences?
Short – term?**

Long – term?



Person(s) responsible for implementing corrective action(s)? Completion date:

Completed:

Date:

Name:

Signature:

Reviewed

Date:

Name:

Signature:

Reviewer's Comments:



A-3



Employee Letter

Dear Town of Taber Employee,

You are a valuable resource to the Town of Taber and we are committed to doing everything we can to work with you to achieve a successful recovery and return to work.

Our Disability Management Program is designed to help you return to work safely and at the earliest opportunity, using modified work alternatives if required.

We have provided you with an information package that includes the following:

1. A Letter to your Health Care Provider
2. Physician's Release to Return to Work
3. A Physical Demands Analysis of your regular job

These forms are very important in planning your return to work.

Please follow these steps;

1. Give your Doctor the information package listed above
2. Sign the Patient Authorization to Release Information on the bottom of the Physician's Release to Return to Work form
3. Return all forms to your Human Resource Manager, Dave Duske, immediately following the appointment with your Health Care Provider

During your rehabilitation period your direct source of contact will be your Human Resource Manager, Dave Duske, you may contact him at 403- 223-6000.

For work-related injuries accepted by WCB, they will be responsible to compensate you for lost wages beyond the date of injury. Please contact your Human Resource Manager for further information.

Should it be necessary to temporarily place you on modified work duties to accommodate an early return to work, we will continue your regular rate of pay.

Please contact Dave Duske at 403-223-6000 if you have any questions or if there is anything we can do to assist you.

Sincerely,

Dave Duske
Human Resources Manager
Town of Taber



A-4



Letter to Physician

Dear Health Care Provider:

The Town of Taber is committed to doing everything we can to achieve a successful recovery and return to work for our injured employees. Our Disability Management Program is designed to help the employee return to work safely and at the earliest opportunity, using appropriate modified work alternatives when required.

Our employee will provide you with a Return to Work information package, which contains the following;

1. A Letter to your Health Care Provider
2. Physician's Release to Return to Work
3. A Physical Demands Analysis of the employees regular job

We kindly request that you complete the Physician's Release to Return to Work with the view of providing as much information as necessary to specify the employees functional limitations and restrictions. This information will enable us, in collaboration with the employee, to arrange a reasonable accommodation i.e. modified duties and/or work schedule, gradual return to work, adjustments to equipment, etc., if applicable, and insure a healthy, safe and supportive work environment.


If required a Reporting Fee of \$45 will be paid for this service.

Sincerely,

Dave Duske
Human Resources Manager
Town of Taber
403-223-6000



A-5 Physician Release to Return to Work Form

		Physician's Release to Return to Work Form To be Completed by Attending Physician				
Patient's Name						
Date of Initial Injury/Illness:		Date of Treatment:				
Brief Explanation of Condition:						
Based on the above description of the patient's current medical problem. I recommend the following:						
Patient may return to work with no restrictions		On this Date:				
Patient may return to work with restrictions (listed below)		On this Date:				
Check all that apply as the relate to the above condition:						
Sedentary Work - Lifting 10lbs maximum and occasionally lifting or carrying such articles as folders, ledgers and small tools. Work essentially involves sitting and is considered sedentary if only a small amount of walking and standing is necessary to carry out duties.	1.	In an eight hour work day, patient may:				
		a.	Stand/Walk			
			None	1-3	4-6	6-8
		b.	Sit			
		1-3	4-6	6-8		
	c.	Drive				
		1-3	4-6	6-8		
Light Work - Lifting 20lbs maximum and frequent lifting or carrying objects up to 10lbs. Work is classified as light if it requires walking or standing to a significant degree (regardless of weight lifted) or involves sitting most of the time with a degree of pushing and pulling of arm or leg controls.	2.	Patient may use hand(s) for repetitive:				
		Single Grasping	Fine Manipulation	Pushing/ Pulling		
Medium Work - Lifting 50lbs maximum and frequent lifting or carrying of objects weighing up to 25lbs.	3.	Patient may:				
Heavy Work - Lifting 100lbs maximum and frequent lifting or carrying of objects weighing up to 50lbs.						
Other instructions and/or limitations:						
Restrictions are in effect until:		Or until patient is re-evaluated on:				
Patient is totally incapacitated at this time, and a re-evaluation is scheduled on:						
Referred to:	None	Specialist	Return Here	Other:		
Physician's Signature				Date		




Patient's Authorization to Release Information: I hereby authorize my treating Health Care Provider to release information related to my fitness for work.

Patient/Employee's Signature

Date



		<h2 style="margin: 0;">Physical Demands Analysis</h2>						A - 4900 50 Street Taber, AB TIG-111 P: 403-223-5500 F: 403-223-5530			
								Employer Name:		Date:	
Employer Contact Person:											
Essential - A task that must be completed by the worker in order for the job objective to be fulfilled. Non-Essential - A task that is not performed on a regular basis OR the objective can still be completed if the task is removed.											
Strength											
Physical Demands	Check if Performed	Usual Weight (lbs)				Frequency					Discussion (Essential or Non-Essential)
		1-20	20-50	>50	MAX	N	S	O	F	C	
Lifting/Lowering (floor to work area)											
Lifting/Lowering (above shoulder)											
Carrying											
Pushing (waist or shoulder level)											
Pulling (waist or shoulder level)											
N= Never S= Seldom (1-5% of time) O= Occasionally (5-33% of time) F= Frequent (34-66% of time) C= Constant (67-100% of time)											
Strength											
Physical Demands	Check if Performed	Frequency					Discussion (Essential or Non-Essential)				
		N	S	O	F	C					
Reaching Level											
Above											
Below											
To the Side											
Fingering											
Use of a Keyboard											
Handling											
Gripping											
Pinch											
Hook											
Screw or Turm											
Cut											
Use of Both Hands											
Mobility											
Physical Demands	Check if Performed	Frequency					Discussion (Essential or Non-Essential)				
		N	S	O	F	C					
Sitting											
Standing											
Walking											
Twisting											
Bending (at waist)											
Crouching (bend knees)											
Climbing											
Balancing											
Crawling											
Other											
N= Never S= Seldom (1-5% of time) O= Occasionally (5-33% of time) F= Frequent (34-66% of time) C= Constant (67-100% of time)											
Work Environment											
Physical Demands	Check if Performed	Frequency					Discussion (Essential or Non-Essential)				
		N	S	O	F	C					
Condition of Stairs/Ramps											
Drive Car/Truck											
Other											
Able to Work (In,At,With):											
Hot Environment											
Cold/Freezing Environment											
Confined Spaces											
Isolation/Alone											
Heights											
Noise											
Use of Vibrating Tools											
Hazardous Tools											
Chemical Irritants											
Inside Work											
Outside Work											
Writing											
Reading											
Irregular Hours											

