



WORKING

TO WELL

## EMPLOYER TOOLKIT

RESOURCES FOR *WORKING TO WELL* EMPLOYER'S GUIDE TO  
EARLY AND SAFE RETURN TO WORK AND DISABILITY PREVENTION

## WORK IS GOOD FOR YOU.

This basic fact drives our efforts to support safe and timely return to work of injured workers. Returning to work helps workers stay active and renews a sense of purpose. It also provides financial stability.

Working is good for physical and mental health, and, in fact, it often helps speed healing. Employers also benefit from return-to-work programs as they keep productivity loss to a minimum, keep a skilled and experienced worker, reduce the costs of recruiting new talent and reduce claim costs that, in turn, can reduce assessment premiums.

Making safe and sustainable work arrangements for recovering workers takes teamwork. Workers, employers, and health-care providers all have important contributions to make to shift the focus from what a person can't do to what they can do at the workplace.

Employers are integral:

- They keep in touch with injured workers throughout the recovery process to show they are valued and connected to the workplace.
- They offer meaningful and productive modified duties or other suitable work that is safe and within their capabilities.
- They ensure that supervisors and co-workers support injured workers during recovery.
- They communicate the return-to-work program to staff.
- They communicate and collaborate with all return-to-work partners.



To help, WorkSafeNB has developed a set of tools. This toolkit will help you and your employees stay healthy and safe as well as supported through a return-to-work process. It's all about making it easy for you and your employees to stay informed and connected.

Learn more about return to work and *Working to Well* at [worksafenb.ca](http://worksafenb.ca) and [workingtowellnb.ca](http://workingtowellnb.ca).

## SEVEN PRINCIPLES FOR SUCCESSFUL RETURN TO WORK (RTW)

Reduce work disability duration and costs in your organization.

- 1 The workplace has a strong commitment to health and safety, which is demonstrated by behaviours of the workplace parties.
  - Actions speak louder than words.
  - Management spends time and money on improving safety and supporting co-ordinated RTW programs.
  - Workers are involved in decisions affecting their daily work.
  - Communication is open – people feel free to voice concerns and make suggestions.
- 2 The employer makes an offer of modified work (also known as work accommodation) to injured/ill workers so they can return early and safely to work activities suitable to their abilities.
  - When possible, return a worker to their own work area (environment, people and practices are familiar).
  - When encountering difficulty in creating an appropriate modified job, consider consulting an occupational therapist or other ergonomic expert.
- 3 The RTW co-ordinator ensures that the plan supports the returning worker without disadvantaging co-workers and supervisors.

RTW plans that anticipate and avoid the following pitfalls will have better outcomes:

  - Workers feel like the workplace is unprepared for their return.
  - Co-workers resent injured worker for having to take over some of his/her work.
  - Supervisors are expected to ensure the same level of service/production in spite of accommodating an injured worker.
- 4 Supervisors are trained in work disability prevention and are included in RTW planning.
  - Supervisors are important to success due to their proximity to workers and ability to manage immediate work environment.
  - Supervisors should be trained in safe work practices and ergonomic practices.
  - Supervisors should be taught and encouraged to be positive and empathetic in early contacts.
- 5 Supervisors should follow up and solve problems on a regular basis.
- 5 The employer makes an early and considerate contact with injured/ill worker.
  - Contact should be made within the first week or two, followed by contact after every 10 days of absence.
  - Ideally, contact is made by supervisor.
  - This contact should not involve issues such as injury causation or blame. It should express concern for the health and well-being of the worker.
- 6 Someone has the responsibility to co-ordinate return to work. The co-ordinator:
  - Should be trusted and respected by labour and management.
  - Provides individualized planning adapted to initial and ongoing needs of the worker.
  - Ensures necessary communication does not break down.
  - Ensures all RTW team members understand what to expect.
- 7 Employers and health-care providers communicate with each other about the workplace demands as needed and with the worker's consent.
  - The more the health-care providers know about the worker's job and the workplace's ability to accommodate, the better able they are to participate in informed RTW decision-making.
  - Choose a variety of communication methods: written (job demands and options); telephone (work and job demands); and workplace visits by health-care providers.

Adapted from Institute for Work and Health's *Seven 'Principles' for Successful Return to Work*.



## SAMPLE RETURN-TO-WORK (RTW) POLICY

**EMPLOYER A** commits to preventing workplace injuries and illnesses through maintaining a safe and healthy work environment. If a worker experiences an injury or illness, **EMPLOYER A** commits to taking all reasonable steps to provide safe and timely return to work, as part of recovery, by providing alternative or modified work through the return-to-work program.

**EMPLOYER A** will work in collaboration with the worker (and union representative, if applicable) to identify suitable work and develop an individualized RTW plans based on functional abilities information provided from health care providers and WorkSafeNB.

The RTW process starts immediately after an injury or illness, when the injury or illness impacts a worker's ability to perform the job's day-to-day functions.

This policy applies to all workers who are unable to perform part or all of their regular work as a result of injury or illness. All workers must fully co-operate in the safe and timely return to work of injured and ill workers.

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Senior management signature

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Date



## RETURN-TO-WORK (RTW) PROCEDURE DEVELOPMENT

Procedures outline each step in the process. They should answer the questions below.

### **Injury reporting and form completion:**

Who does the worker report the injury to?

Who completes the Form 67 – *Report of Accident or Occupational Disease* with the worker?

Who forwards the completed form to WorkSafeNB, and when?

If the incident was investigated, who communicates the results to the worker, and how?

How and when does the worker contact the employer, and employer contact the worker?

If the worker is unable to return to work, who is responsible for maintaining communication, and how often?

### **RTW planning:**

Who schedules the RTW planning meeting, and when?

Who should attend the meeting?

How is suitable/safe work identified?

Who documents the RTW plan?

### **Implementing and monitoring RTW plan:**

Who co-ordinates the purchase or modification of any necessary equipment and tools?

Who communicates the RTW plan to any affected co-workers?

Who monitors the RTW plan, and how often?

What happens if any of the parties have concerns with the RTW plan?

### **Program evaluation:**

Who completes the RTW plan evaluation? When is it shared, and who receives it?

Who performs RTW program evaluations, and how often?

What are some ways to evaluate the program?

Who communicates the program changes?

### **Confidentiality:**

How will the organization maintain confidential material?



## SAMPLE RETURN-TO-WORK (RTW) PLAN

Worker's name: \_\_\_\_\_

Pre-accident job position: \_\_\_\_\_

Pre-accident supervisor: \_\_\_\_\_

Modified work supervisor (if different): \_\_\_\_\_

Effective date: \_\_\_\_\_ Anticipated end date: \_\_\_\_\_

### Job position:

- Pre-accident job – modified duties/hours
- Alternate job, with or without modifications
- Re-bundled tasks
- Home position

### Functional limitations and restrictions that require accommodation:

### RTW plan specifications (describe job duties, tasks and modifications, including necessary tools, equipment and training):

**Hours** (include progression schedule if applicable):

Days and Hours Scheduled Each Week								
Work Week (Date)	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Comments

**Monitoring/review** (outline schedule for regular monitoring and review):

Daily informal check-ins with supervisor at \_\_\_\_\_ (date, time, location)

Follow-up review meeting with \_\_\_\_\_ (name)

at \_\_\_\_\_ (date, time, location)

In addition, if you, the worker, employer or WorkSafeNB has any difficulties or concerns with the modified work contact, please contact:

\_\_\_\_\_

**Signatures:**

By signing this document, we confirm our participation in the plan’s development. We understand our roles in the plan’s implementation and monitoring, and agree to actively participate as outlined above.

Supervisor/manager: \_\_\_\_\_ Date: \_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_

Union representative (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_



## EARLY AND SAFE RETURN TO WORK OFFER

Employer's name / location: \_\_\_\_\_

Worker's name: \_\_\_\_\_ Claim number: \_\_\_\_\_

We're committed to helping employees make an early and safe return to work. Working is good for physical and mental health. In fact, it often helps speed healing.

We're offering the following modified duties:

Describe specific job duties and the physical requirements of each duty and/or attach any functional job description.

We are offering the following hours:

Full time

Modified hours (please specify: \_\_\_\_\_ )

We would like help in identifying modified duties.

Employer contact responsible for return-to-work program: \_\_\_\_\_

Employer contact phone number: \_\_\_\_\_

Employer's signature: \_\_\_\_\_

Please email the completed form through MyServices or fax to 1 888 629-4722.





# MEDICAL FORM 8-10

Workplace connection is an essential part of recovery. Modified duties or reduced hours help workers stay productive and supported after an injury or illness. Following the Canadian Medical Association and Choosing Wisely recommendations, *Medical Form 8-10* encourages stay-at-work and early-and-safe-return-to-work for workers.

You receive page 2 from your employee.

**WORKSAFE NB** Need help? Scan the QR code, right, for more information or call 1 877 647-0772  
 TRAVAIL SÉCURITAIRE NB Need help? Scan the QR code, right, for more information or call 1 877 647-0772  
 worksafe-nb.ca/form-8-10

**Medical Form 8-10**

Please email this form through MyServices or fax to 1 888 629-4722. If the form has been emailed or faxed, DO NOT mail the original.

First Medical Report of Accident or Occupational Disease  Medical Progress Report

Medicare #: \_\_\_\_\_ Claim #: \_\_\_\_\_ Visit date / time: YYYY MM DD AM/PM \_\_\_\_\_

PATIENT  
 Last name: \_\_\_\_\_ First name: \_\_\_\_\_  Male  Female DOB: YYYY MM DD \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of incident: YYYY MM DD \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

PROVIDER  
 Acute strain/sprain  Fracture  Concussion/TBI, head injury with:  Other or previous injury contributing to delayed recovery:  
 Repetitive strain injury  Altered mental state  Focal defect  
 Other injury/illness (example: laceration or punch, injury) (please specify): \_\_\_\_\_  Amnesia  LOC  
 Description of occupational injury/illness (please provide objective/subjective findings): \_\_\_\_\_  
 Body part Left Right Body part Left Right  
 Shoulder   Hand/Digit    
 Elbow   Hip/Thigh    
 Wrist   Knee    
 Forearm   Ankle/Foot    
 Neck  Upper back  Lower back  
 Other anatomical structure (not captured above) (please specify): \_\_\_\_\_  
 If medical progress report:  
 Subjective progress:  Improved  Unchanged  Regressed  
 Objective progress:  Improved  Unchanged  Regressed  
 In addition to this form, please attach applicable clinic notes/chart(s).  
 Diagnosis (best working): \_\_\_\_\_ Diagnostics ordered:  CT  EMG  MRI  X-ray  
 Other: \_\_\_\_\_ Facility: \_\_\_\_\_  
 Treatment plan includes:  Chiro  Physio Specialist referral Dr. \_\_\_\_\_ Rx: \_\_\_\_\_

EMPLOYER NOTE  
 Physician functional abilities recommendations (please provide Page 2 of this form to patient): \_\_\_\_\_  
 1. Medically able to perform usual work duties.  
 2. Medically able/unable to perform duties as detailed below. WorkSafeNB may arrange a formal assessment of functional abilities.  
 Function Able Unable Function Able Unable Function Able Unable  
 Bend/Twist   Push/Pull   Upper extremities use    
 Climb   Sit   Motor vehicle use    
 Kneel   Stand   Public transportation use    
 Lift   Walk   Heavy equipment operation    
 Valid for \_\_\_\_\_ days (maximum 2 weeks without additional review)

PROVIDER ACCOUNT  
 Health care provider type: \_\_\_\_\_ WorkSafeNB pages #: \_\_\_\_\_ Provider address: \_\_\_\_\_  
 Emergency physician \_\_\_\_\_ Province: \_\_\_\_\_  
 Family physician \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Nurse practitioner \_\_\_\_\_ Phone: \_\_\_\_\_  
 Specialty physician \_\_\_\_\_  
 Walk-in clinic \_\_\_\_\_  
 Subsection 41(10) of the Workers' Compensation Act authorizes you to release this information.  
 I confirm that by completing this form, I believe the injury or illness to be consistent with the workplace accident or exposure, and in submitting this document, I attest to the accuracy of the information and the adherence to best practice standards. I understand that payment is dependent on legible completion of form.  
 Print name \_\_\_\_\_ Signature \_\_\_\_\_  
**IMPORTANT: YOU MUST GIVE PAGE 2 TO THE PATIENT TO PROVIDE TO THEIR EMPLOYER.**

**WORKSAFE NB** Need help? Scan the QR code, right, for more information or call 1 877 647-0772  
 TRAVAIL SÉCURITAIRE NB Need help? Scan the QR code, right, for more information or call 1 877 647-0772  
 worksafe-nb.ca/form-8-10

**Medical Form 8-10**  
**Page 2**

First Medical Report of Accident or Occupational Disease  Medical Progress Report

Claim #: \_\_\_\_\_ Visit date / time: YYYY MM DD AM/PM \_\_\_\_\_

PATIENT  
 Last name: \_\_\_\_\_ First name: \_\_\_\_\_  Male  Female DOB: YYYY MM DD \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of incident: YYYY MM DD \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Medical information has been removed from the employer's copy in compliance with the Personal Health Information Privacy and Access Act.

EMPLOYER NOTE  
 Physician functional abilities recommendations:  
 1. Medically able to perform usual work duties.  
 2. Medically able/unable to perform duties as detailed below. WorkSafeNB may arrange a formal assessment of functional abilities.  
 Function Able Unable Function Able Unable Function Able Unable  
 Bend/Twist   Push/Pull   Upper extremities use    
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 Kneel   Stand   Public transportation use    
 Lift   Walk   Heavy equipment operation    
 Valid for \_\_\_\_\_ days (maximum 2 weeks without additional review)

PROVIDER ACCOUNT  
 I confirm that by completing this form, I believe the injury or illness to be consistent with the workplace accident or exposure, and in submitting this document, I attest to the accuracy of the information and the adherence to best practice standards. I understand that payment is dependent on legible completion of form.  
 Print name \_\_\_\_\_ Signature \_\_\_\_\_  
**IMPORTANT: YOU MUST GIVE THIS PAGE TO THE PATIENT TO PROVIDE TO THEIR EMPLOYER.**

The Employer Note section provides detailed functional capability information.

Limitations could include hours of work or concerns of impairment from medication.

# GUIDELINES FOR EARLY AND SAFE OPTIONS (STRAIN/SPRAIN INJURIES)

Provide appropriate work as part of an effective return-to-work plan.



## Neck

ENSURE:	LIMIT:	AVOID:
<ul style="list-style-type: none"> <li>The worker can self-pace and/or take micro breaks</li> </ul>	<ul style="list-style-type: none"> <li>Activities with arms above shoulder level, including reaching down</li> <li>Activities with lifting and carrying to light or medium loads</li> <li>Hanging weights</li> <li>Ladder climbing</li> </ul>	<ul style="list-style-type: none"> <li>Lifting and carrying with arms above shoulder level</li> <li>Extremes or looking up, down or over the shoulder, especially if sustained for more than a few seconds</li> </ul>

## Elbow/Forearm

ENSURE:	LIMIT:	AVOID:
<ul style="list-style-type: none"> <li>The worker can self-pace and/or take micro breaks</li> </ul>	<ul style="list-style-type: none"> <li>Repetitive or sustained gripping, especially where high forces are required</li> <li>Lifting and carrying to light or medium loads</li> <li>Repetitive elbow bending</li> <li>The total time spent keyboarding or driving</li> <li>The use of impact tools (including power tools and hammers)</li> </ul>	<ul style="list-style-type: none"> <li>Hanging weights</li> <li>Forearm rotations</li> <li>Pressure on the elbow/forearm</li> </ul>

## Lower Back

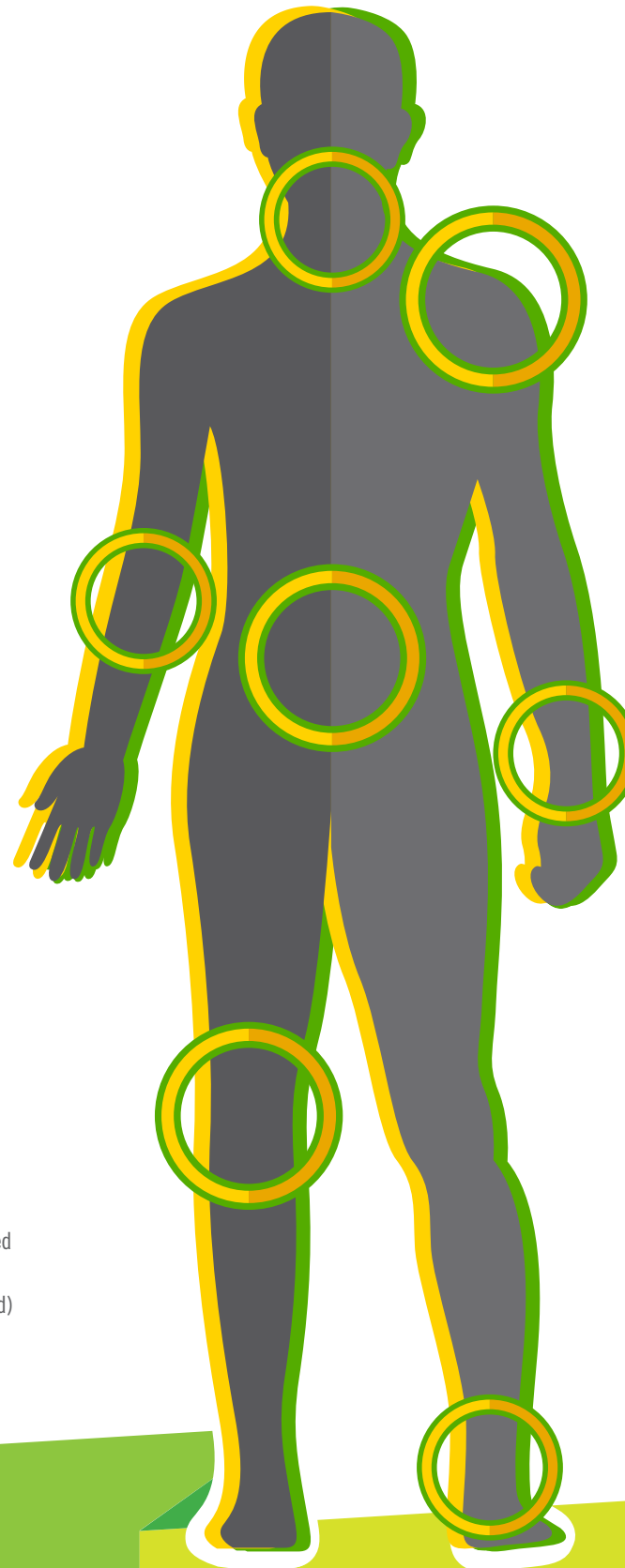
ENSURE:	LIMIT:	AVOID:
<ul style="list-style-type: none"> <li>The worker can self-pace and/or take micro breaks</li> <li>The worker can change position between walking, standing and sitting</li> </ul>	<ul style="list-style-type: none"> <li>Walking on uneven ground</li> <li>Lifting and carrying to light or medium loads, depending on frequency and postures</li> </ul>	<ul style="list-style-type: none"> <li>Jarring</li> <li>Repetitive bending</li> <li>Long periods of static standing or sitting</li> <li>Extreme bending or extending of the back</li> <li>Twisting of the back</li> </ul>

### Strength categories for handling loads

National Occupational Classification (NOC) is the nationally accepted reference on occupations in Canada and provides a standardized framework for definitions such as pulling, pushing, lifting and/or moving objects during the work performed.

The NOC defines strength used in handling loads (examples: pulling, pushing, lifting and/or moving objects during the work performed) as follows:

- Limited:** Work activities involve handling loads up to 5 kg
- Light:** Work activities involve handling loads of 5 kg but less than 10 kg
- Medium:** Work activities involve handling loads between 10 and 20 kg
- Heavy:** Work activities involve handling loads more than 20 kg



## Shoulder

ENSURE:	LIMIT:	AVOID:
<ul style="list-style-type: none"> <li>The worker can self-pace and/or take micro breaks</li> </ul>	<ul style="list-style-type: none"> <li>Ladder climbing</li> <li>Activities using arm above shoulder level, including reaching down</li> <li>Activities that require lifting and carrying to light or medium loads</li> </ul>	<ul style="list-style-type: none"> <li>Holding the arm outstretched for periods, especially while holding weights and applying force</li> <li>Lifting and carrying with arm above shoulder level</li> </ul>

## Wrist/Hand

ENSURE:	LIMIT:	AVOID:
<ul style="list-style-type: none"> <li>The worker can self-pace and/or take micro breaks</li> </ul>	<ul style="list-style-type: none"> <li>Repetitive gripping, especially where high or sustained forces are needed</li> <li>Lifting and carrying to light or medium loads</li> <li>Repetitive or sustained gripping, especially where high forces are required</li> <li>The use of impact tools (including power tools and hammers)</li> <li>The total time keyboarding or driving</li> </ul>	<ul style="list-style-type: none"> <li>Extreme postures of the wrist, especially with force</li> </ul>

## Knee

ENSURE:	LIMIT:	AVOID:
<ul style="list-style-type: none"> <li>The worker can self-pace and/or take micro breaks</li> <li>The worker can occasionally elevate the knee</li> <li>The worker can frequently change position between standing, walking and sitting</li> </ul>	<ul style="list-style-type: none"> <li>Walking on uneven ground</li> </ul>	<ul style="list-style-type: none"> <li>Long periods of standing or walking</li> <li>Deep squatting, kneeling or crouching (with or without weight)</li> <li>Pivoting of the knee</li> <li>Participating in activities requiring bracing, balancing, running or jumping</li> <li>Stair use or ladder climbing</li> </ul>

## Ankle

ENSURE:	LIMIT:	AVOID:
<ul style="list-style-type: none"> <li>The worker can self-pace and/or take micro breaks</li> <li>The worker can occasionally elevate the ankle</li> </ul>	<ul style="list-style-type: none"> <li>Stair use</li> </ul>	<ul style="list-style-type: none"> <li>Long periods of standing or walking</li> <li>Walking on uneven ground</li> <li>Ladder climbing</li> <li>Deep squatting and crouching (with or without weight)</li> <li>Activities requiring balancing, bracing, running or jumping</li> </ul>

# A WORKER HAS AN INJURY. NOW WHAT?

WORKING

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Can the worker continue to perform their pre-injury job without making modifications?

YES

Worker returns to pre-injury job.

NO

Can the worker continue to perform their pre-injury job with modifications?

YES

Worker returns to pre-injury job with modifications.

NO

Can the worker perform a different job without making modifications?

YES

Worker performs different job.

NO

Can the worker perform a different job with modifications?

YES

Worker performs different job with modifications.

NO

Worker continues treatment and rehabilitation to increase functional abilities.



## PROMPTS FOR IDENTIFYING EARLY AND SAFE OPTIONS

The following prompts may help you find alternative work that is valuable to the organization. Remember, if the worker is unable to perform usual job duties – with or without modifications – first look for suitable work within the division before looking across the whole organization.

Department or Area	Questions to Ask	Example Ideas
<b>Administration</b>	<ul style="list-style-type: none"> <li>• Are there administration tasks to do?</li> <li>• What are our needs in the next 6-12 months?</li> </ul>	<ul style="list-style-type: none"> <li>• Processing tax receipts</li> <li>• Data entry</li> <li>• Filing and reorganizing</li> </ul>
<b>Business Improvement</b>	<ul style="list-style-type: none"> <li>• Are there new systems or processes that would improve business?</li> </ul>	<ul style="list-style-type: none"> <li>• Developing a filing system</li> <li>• Creating forms for improved efficiency</li> <li>• Updating training manual content</li> <li>• Updating a quality assurance system</li> </ul>
<b>Promotion, Marketing, Sales</b>	<ul style="list-style-type: none"> <li>• What work could promote the business?</li> </ul>	<ul style="list-style-type: none"> <li>• Phone sales or calling clients</li> <li>• Developing promotional material</li> <li>• Market research – customer satisfaction questionnaires</li> <li>• Updating client databases</li> </ul>
<b>Labour</b>	<ul style="list-style-type: none"> <li>• Does anyone need an extra hand?</li> </ul>	<ul style="list-style-type: none"> <li>• Cleaning and organizing</li> <li>• Researching or buying tools and equipment</li> <li>• Taking inventory</li> <li>• Organizing parts and materials</li> <li>• Finding new suppliers (searching for cost-efficient or better materials)</li> </ul>
<b>All</b>	<ul style="list-style-type: none"> <li>• Can we complete the job in a safer way?</li> </ul>	<ul style="list-style-type: none"> <li>• Can tools or equipment, such as carts, handles, hoists and power tools, or ergonomics reduce the demands?</li> <li>• Can we reorganize job tasks to reduce risks?</li> <li>• Can we adjust the work environment, such as temperature and lighting?</li> </ul>
<b>All</b>	<ul style="list-style-type: none"> <li>• Are there incomplete tasks?</li> <li>• Are there opportunities for bundling job duties?</li> </ul>	<ul style="list-style-type: none"> <li>• Incomplete projects</li> <li>• Areas that requires research</li> <li>• Redistribution of job tasks (make sure that you're not putting co-workers at risk of injury)</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>• Is there training the worker could take to benefit the organization?</li> <li>• Is there an opportunity for cross-training (other job tasks) in the organization?</li> </ul>	<ul style="list-style-type: none"> <li>• Computer courses</li> <li>• Safety training</li> <li>• Technical skill training</li> <li>• Training others in the organization</li> </ul>



# SAMPLE JOB TASK ANALYSIS

Date:	Employer:
Position Title:	Supervisor:

WORK SCHEDULE						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Full time	Part time	Seasonal (provide details)				
Shift details (start time + duration):						
Rest / lunch breaks (when + duration):						
Schedule information (include consecutive days worked / days off / plus shift rotation):						

ESSENTIAL JOB FUNCTIONS

EQUIPMENT, TOOLS AND MATERIALS HANDLED

**ENVIRONMENTAL CONDITIONS CHECKLIST**  
 Indicate by checkmark (✓) the percentage of workday exposure to each of the conditions / hazards listed.

Hazard Category	Environmental Conditions / Hazards	No Exposure	Occasional 0 to 33%	Frequent 34 to 66%	Constant 67 to 100%
<b>Chemical Hazards</b>	Gases / Vapours				
	Dusts / Fumes				
	Liquids / Solids				
<b>Biological Hazards</b>	Mould				
	Bacteria				
	Body fluids				
<b>Biological Hazards</b>	Outdoor weather conditions				
	Wet, humid conditions (indoor industrial environment)				
	Extreme cold (indoor industrial environment)				
	Work near moving mechanical parts				
	Risks of electric shock				
	Risk of radiation				
	Work at heights				
	Vibration				
<b>Physical Hazards</b>	Noise levels*	Below 85dB (A)	Above 85dB (A)	Unknown	

\* In New Brunswick, hearing protection is required for noise exposures greater than 85dB(A). (dB(A) = decibels on the A scale)

**PERSONAL PROTECTIVE EQUIPMENT REQUIRED**


**MOTOR VEHICLE OPERATION REQUIREMENTS**

Ability to operate a vehicle required?     Yes     No    Type of vehicle(s):

CRITICAL WORKSITE MEASUREMENTS

PHYSICAL DEMAND CHECKLIST				
Indicate by checkmark (✓) the percentage of workday exposure to each of the conditions / hazards listed.				
Physical Activity / Position	Not Required	Occasional 0 to 33%	Frequent 34 to 66%	Constant 67 to 100%
Sitting				
Standing				
Walking (even ground)				
Walking (uneven ground)				
On feet				
Twist				
Bend / Stoop				
Squat				
Kneel				
Crawl				
Reach (forward)				
Reach (overhead)				
Reach (across body)				
Balance				
Handling (simple grasp)				
Handling (firm grasp)				
Fine finger manipulation				
Operates foot controls				
Climb (stairs)				
Climb (ladders)				

<b>Physical Activity</b> (strength level requirements)	<b>Push</b>	<b>Pull</b>	<b>Lift</b> (floor to waist)	<b>Lift</b> (floor to above shoulder)	<b>Lift</b> (waist to waist)	<b>Lift</b> (waist to above shoulder)	<b>Carry</b>
Sedentary (occasional: 1-10 lbs)							
Sedentary (frequent: less than 1 lb)							
Sedentary (constant: less than 1 lb)							
Light (occasional: 11-20 lbs)							
Light (frequent: 1-10 lbs)							
Light (constant: less than 1 lbs)							
Medium (occasional: 21-50 lbs)							
Medium (frequent: 11-25 lbs)							
Medium (constant: 1-10 lbs)							
Heavy (occasional: 51-100 lbs)							
Heavy (frequent: 26-50 lbs)							
Heavy (constant: 11-20 lbs)							
Very Heavy (occasional: over 100 lbs)							
Very Heavy (frequent: over 50 lbs)							
Very Heavy (constant: over 20 lbs)							

ADDITIONAL COMMENTS



JOB MODIFICATION / ACCOMMODATION OPTIONS	

Completed by	
Name:	Date:
Position:	Signature:



## GUIDELINES FOR CODING PHYSICAL DEMANDS

Use this guide to complete a physical demand checklist as part of a job task analysis.

**Sitting:** Select this physical demand if the worker sits as a component of their essential work tasks. Don't code it if the sitting takes place during breaks and lunch, as this is a personal preference. Sitting is coded regardless of the seating available (stool, office chair, box, etc.). If poor seating is provided, identify this as a risk factor.

**Standing:** Select this physical demand when the worker is required to stand in a confined space without the opportunity to alternate foot placement.

**Walking:** This physical activity has two categories – walking on even ground and walking on uneven ground. This detail is important when developing a RTW plan for a worker with an injury to the lower extremity and/or lower back.

**On Feet:** This category addresses job tasks that require the worker to stand for a brief period of time, alternated with a brief period of walking.

**Twisting:** Code this demand with caution. To perform a pure twisting motion, the worker's feet must remain stationary as the upper torso twists to perform the task. If the worker has the available space to position their feet in the direction of the work task, twisting can be avoided.

**Bending/Stooping:** Determine whether bending/stooping is necessary. Good instruction on proper body mechanics may reduce the physical requirement. In some instances, such as emptying a laundry cart, the worker has no choice in work technique other than bending or stooping.

**Squatting:** Similar to bending/stooping, determine whether the work task can be performed in a squat position that minimizes demand on the lower back. Interview workers, observe their movements and analyze the task to determine the required physical demands.

**Kneeling:** Indicate if the worker must kneel on one or both knees.

**Crawling:** This activity may be required for brief time periods if cleaning areas, completing carpentry tasks, etc.

**Reaching:** This demand is divided into four individual positions: forward, overhead, side and across body. Identify this activity as a risk factor if there is frequent overhead and across-body reaching. Consider workstation modifications or worker re-positioning to reduce reaching movements.

**Balance:** Select this demand when work is conducted above level ground, such as on staging or ladders, or in any other situation where balance is required, such as working in confined spaces or in awkward postures.

**Handling:** Handling has two categories: simple grasp and firm grasp. The easiest way to determine the correct category is to consider whether the worker or co-workers in the surrounding areas are at risk if the worker drops material or a tool being handled. Examples of simple hand grasp are holding onto a piece of paper, telephone or pen. Firm grasp is required when working with electrical or pneumatic tools, carrying fragile products or heavy materials.

**Fine Finger Manipulation:** Select this demand when the worker controls machinery with buttons, performs data entry on a keyboard or handles small items, such as medications.

**Operating Foot Controls:** Select this demand when the worker operates conveyor belts, raises equipment, such as a hairdresser's chair, or drives vehicles.

**Climbing:** This activity has two categories: stair climbing and ladder climbing. Adjust the form to describe other frequent climbing activities, such as climbing staging or large equipment (bulldozers, loaders, cranes, etc.).



## SAMPLE COMMUNICATIONS LOG

Communications by: \_\_\_\_\_

Worker's name: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Expected return-to-work date: \_\_\_\_\_

Date of Contact	Person(s) Communicated With	Contact Method	Details	Follow-up Required
Example: Nov. 17, 2019	Injured worker at home	Phone	Asked how they were, and if they needed anything. They responded – “doing all right and don’t need anything”. I’ll follow up in a couple of days.	Contact worker again between Nov. 20-22



# SAMPLE RETURN-TO-WORK (RTW) MONITORING FORM

Use this form to track RTW plan progress.

Worker's name: \_\_\_\_\_

Pre-accident supervisor: \_\_\_\_\_

Modified work supervisor (if different): \_\_\_\_\_

Review period dates: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Hours worked (attendance):

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Assigned duties (list the work assigned during the review period):

Comments or Concerns:

Review Date	Worker Comments	Employer Comments	Other Comments (Union, HR, WorkSafeNB)	Actions

Is the modified work or RTW plan helping to accomplish the goals?  Yes  No (If no, please explain)

Are there other suggestions to improve the plan? If so, please comment:

**Next steps** (revising existing plan, continuing the plan, closing the plan – RTW goal achieved, etc.):

**Follow-up date** (if needed): \_\_\_\_\_

**Signatures:**

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Worker: \_\_\_\_\_ Date: \_\_\_\_\_



## SAMPLE RETURN-TO-WORK (RTW) PLAN CLOSURE EVALUATION

This evaluation form will help our organization improve future RTW plans and the RTW program.

Question	Yes/ No/ N/A	Comments or Suggestions
Did the supervisor maintain regular contact with the worker when they were unable to return to work?		
Was the RTW plan developed and implemented in a timely manner?		
Was the worker involved in the identification of suitable work and development of the RTW plan?		
Was the worker's functional abilities considered in the identification of suitable work?		
Was the assigned work of value to the organization?		
Did the employer and worker both sign and keep a copy of the plan?		
Was there regular monitoring of the RTW plan?		
Was the RTW plan adjusted as needed?		
Was confidentiality maintained? Was all confidential information released with the worker's consent?		
Were any identified issues or concerns addressed in a timely manner?		
Were goals of the RTW work plan attained?		

What worked well in the RTW procedure and program?

Suggestions for improvements to the RTW procedure and program:

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_



## EMPLOYER CHECKLIST

### PREVENTION

- Ensure my workplace meets occupational health and safety legislative requirements.
- Exceed legislative requirements. Three additional prevention/wellness actions I'll take:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

### POLICY AND PROCEDURE

- Develop RTW policy (with staff, JHSC and union, if appropriate).
- Develop RTW procedure (with staff, JHSC and union, if appropriate).

### EDUCATION AND PROMOTION

- Develop and incorporate a RTW learning component (including values, policy and procedure) for employee orientation.
- Develop and incorporate an additional RTW learning component for supervisors and managers.
- Share RTW values and benefits regularly to staff.  
Two ways I'll promote RTW values and benefits:
  - \_\_\_\_\_ WHEN/HOW OFTEN? \_\_\_\_\_
  - \_\_\_\_\_ WHEN/HOW OFTEN? \_\_\_\_\_

### TEAM MEMBERS

- Know my RTW role and responsibilities and those of workers, health-care providers and WorkSafeNB.
- Create relationships with WorkSafeNB-approved health-care providers.
- Know how the RTW team works together.

### CO-ORDINATION

- Assign a RTW co-ordinator.
- Equip my RTW co-ordinator with knowledge and skills.
- Create a RTW plan template form.
- Be familiar with WorkSafeNB's *Medical Form 8-10* Employer's Note (describing worker's capabilities).



**SUITABLE WORK OPTIONS**

- Create a job task analysis for each existing job.
- Develop modified duty options for each existing job.
- Develop alternate modified duties for each existing job.
- Schedule annual reviews of the above three tasks.
- Customize the *Prompts for Identifying Early and Safe Options* chart for my workplace.
- Be familiar with *A Worker Has an Injury. Now What?* chart.
- Be familiar with *Guidelines for Early and Safe Options (strain/sprain injuries)*.

**MONITORING AND EVALUATION**

- Develop a RTW communications log form.
- Develop a RTW monitoring form.
- Develop a RTW plan closure evaluation form.
- Schedule annual (or more frequent) reviews of your RTW program (include training, education, promotion, RTW plans, co-ordinator role, suitable work options, monitoring and evaluation).

**WORKING**

**TO WELL**