

MANUAL:	Health & Safety	Policy No.:	1-A-70
SECTION:	Administration		
SUBJECT:	Return to Work Program (Modified Work Program)		

PURPOSE OF PROGRAM:

The John Noble Home's Modified Work Program has been developed to assist in the early and safe return to work for any employee unable to perform their regular duties due to an occupational or non-occupational illness or injury.

It is the responsibilities of both the Employer and the Employee to work in a safe manner at all times.

To reinstate employees by providing productive and meaningful work to both the employee and the employer in order to ensure dignity, maximize employee skills and potential, and be cost effective. The Employer recognizes that the employee with impairment should be given an opportunity to perform meaningful and productive duties.

The Return to Work Program gives structure and organization to this principle. The Employer recognizes that a successful rehabilitation program requires participation and co-operation of the employee and the union. The emphasis is on the abilities of the employee and not the impairment. The Employer and the Employees of the workplace will support the injured worker in the process through to optimum recovery.

DEFINITION OF "MODIFIED WORK"

Modified Work is identifying suitable work that matches the demands of the job to the abilities of the employee (in accordance with the Functional Abilities Form) without risk of re-injury. It is a Back-to-Work plan which contains specific goals and time frames.

- Modified time – the employee performs all regular duties but has an altered or reduced schedule
- Modified duties – the employee performs the pre-injury job in regular hours, but changes are made according to restrictions prescribed by the physician
- Alternate duties – the employee is assigned to duties that are different from the employee's regular duties
- Shadows (extra staff) will only be provided in unique situations and only for a limited time at the discretion of the Employer

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- To provide temporary modified duties to the employee enabling him/her to resume job functions compatible with their functional limitations if unable to resume regular duties.

GOALS & OBJECTIVES OF THE PROGRAM;

The Return to Work Program (Modified Work Program) is mandatory for all employees who have temporary physical limitations due to a workplace injury or illness.

- To facilitate the employee's rehabilitation to full regular duties of their job.
- The work must be productive and the result of the work must have value
- To provide re-orientation when the employee has been off for 1 year or longer
- Enhances rehabilitation to their pre-accident job position
- Provide gradual re-adaption to physical demands of the workplace, maintain skills, dignity and self-respect by remaining productive
- The employee's impairment must not constitute an additional hazard to the employee or co-employee(s) or resident while performing the work assigned
- The work must be reviewed on an individual basis and the needs of both the employer/employee must be met
- There must be a clearly defined agreement in writing prior to starting the program between the employee and the employer in respect to the hours of work, communication requirements and the nature of the tasks
- The employee is expected to provide regular progress reports Human Resources

MODIFIED WORK PROGRAM TEAM MEMBERS & ROLES:

The Return to Work Program team will design a Modified Work Program that will consistent with the employee's functional limitation and skill level. A goal is set for return to regular duties and a plan to reach the goal is made by the team. The team consists of:

1. The Employee
2. The Manager
3. Union Representation

And as required: Rehab Services, Employee Health's Physician, WSIB Return to Work Specialist

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Employee's Role:

1. Report injury/illness immediately and fill out Employee Incident Report with Manager or designate if workplace related.
2. Obtain necessary medical paperwork to take to Human Resources
3. Provide documentation from their health care provider clearly stating their restrictions and functional abilities and return medical paperwork to Human Resources or designate immediately.
4. Participate in Educational Programs.
5. Contact Human Resources on a weekly, bi-weekly basis as appropriate to provide updates.
6. Participate in Return to Work Program.
7. Employees must fully understand that this is temporary work, usually as a part of the rehabilitation program, and that they will be expected to return to their full job as soon as medically able.
8. The Employee will be given a duo-tang which will include the modified work agreement and any pertinent information for the employee to bring with her each scheduled shift.

Employer's Role:

1. Provide immediate first aid measures and/or medical treatment to an injured employee. (The RN on MT/GT/DC will provide first aid/medical treatment if required).
2. Assessment of an employee.
3. Refer to Employee's Health Care Provider.
4. Referral to Rehab Services as required.
5. Complete appropriate forms/letters.
6. Arrange Return to Work Program (RWP) meetings.
7. Contact employee with non-occupational illness weekly for evaluation and support.

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Manager/Supervisor's Role:

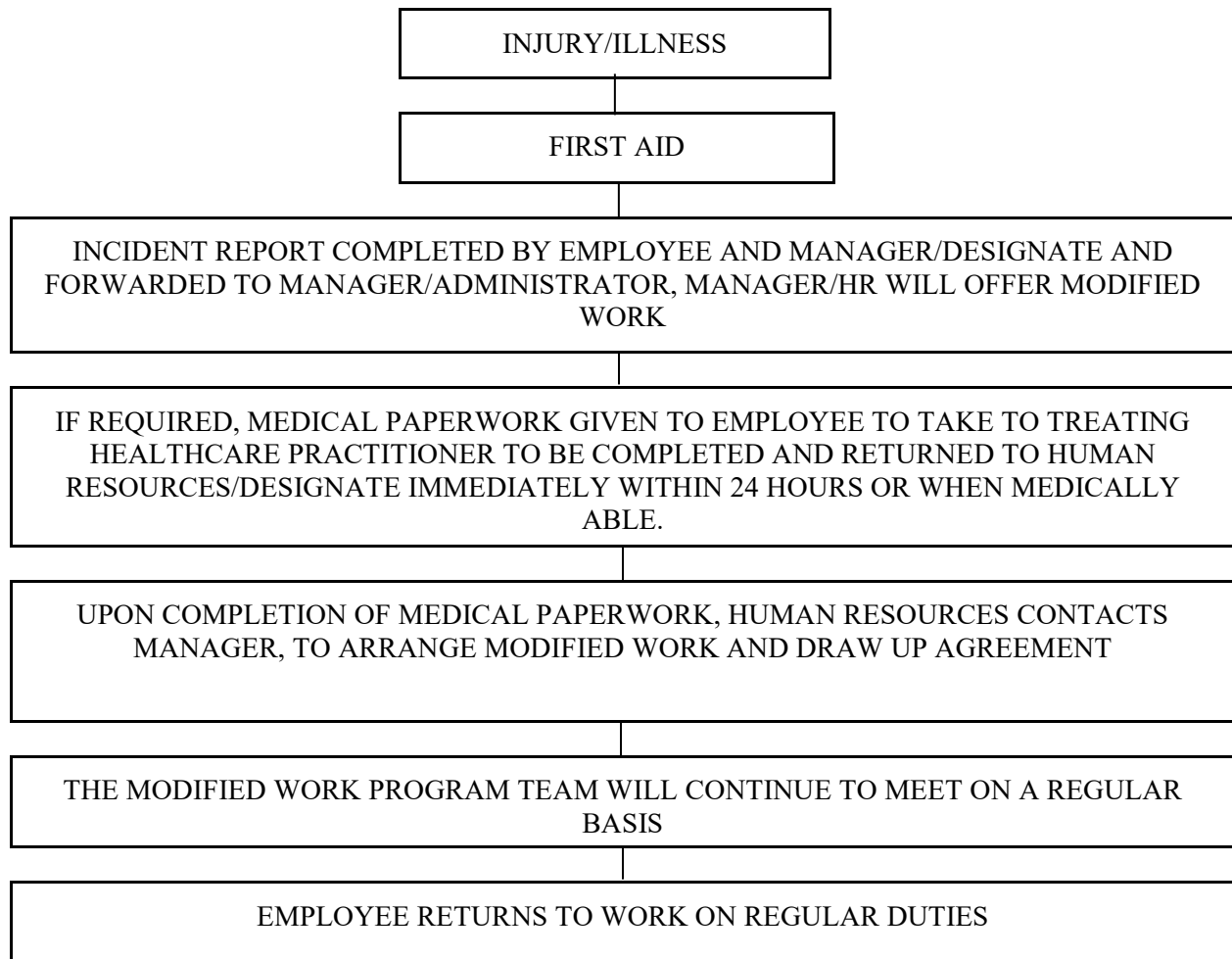
1. Ensure injury/illness is reported to Human Resources/ Administrator immediately.
2. Complete Employee Incident Report with employee and offer modified work if appropriate.
3. Assist in developing, monitoring and implementing Return to Work Program with Human Resources and the injured employee.
4. To provide reorientation and education when the worker has been off for 1 year or longer.
5. Review physical demands analysis and job hazards when determining the Modified Work Program. Ensure the Registered Staff are aware of the modified work restrictions for the injured employee and clarify any questions if needed.
6. Contact employee daily for evaluation and provide support and encouragement to the injured employee.

Union Representative's Role

1. To assist the employee in the Return to Work Program as needed.

DATE APPROVED:	June 1994
DATE REVIEWED:	January 2026
DATE REVISED:	February 2020

RETURN TO WORK PROGRAM FLOW CHART



Modified Work Agreement

The following is a work program designed to allow the worker to return to work taking into account the physical capabilities of the worker.

Date: _____

Worker: _____

Position: _____

Unit/Department: _____

Date of Injury/Illness: _____

Medical Information Received: ☐ Doctor's Note ☐ FAF ☐ APS

Hours of Work: _____

Workers Restrictions: _____

Modified Duties: include, but not limited to

Follow up Schedule/Additional Notes:

This expected workload is with the understanding that ALL duties will be done with common sense as to prevent re-injury or further injury.

I _____, agree that I will follow the above guidelines and agree to notify my immediate supervisor of any tasks I am unable to perform because of my injury.

Worker's Signature

Date

Union/Non-Union Representative's Signature

Date

Supervisor's Signature

Date